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TRANSACTIONS

OF THE

Homœopathic Medical Society

OF THE

STATE OF PENNSYLVANIA.

1866—1867.

Convention held in Pittsburg, June 5th, 1866.
Annual Session, Philadelphia, June 3d, 1867.

West Chester:
TAYLOR & HICKMAN, STEAM-POWER JOB PRINTERS & PUBLISHERS.
1867.

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STANDING RESOLUTIONS,

ADOPTED JUNE 3D, 1867.

RESOLVED, That the Homœopathic Medical Society of Pennsylvania, in accepting and publishing Reports of Committees in their Proceedings, *does not necessarily endorse the same.*

RESOLVED, That no longer time than fifteen minutes shall be taken up in reading any single Report. If the Report is of such length as would occupy a longer period, a synopsis of the same, giving the principal points, may be read, and the Report itself referred to the Publishing Committee.

PROCEEDINGS

OF THE

Convention of Homœopathic Physicians

OF PENNSYLVANIA, HELD IN

PITTSBURG, JUNE 5TH, 1866.

STATE SOCIETY FORMED.

Pursuant to a call issued by the "Alleghany County Homœopathic Medical Society," and endorsed and recommended by many of the prominent Homœopathic Physicians throughout the State, a convention assembled at Pittsburg in the Homœopathic Hospital Building, at 10½ o'clock, A. M., June 5th, 1866, and organized a State Medical Society.

The meeting was called to order by Doctor J. C. Burgher, of Pittsburg, who explained the object of the convention. Doctor J. H. P. Frost, of Philadelphia, was chosen temporary Chairman, and Doctor Bushrod W. James, of Philadelphia, Secretary pro tem.

Doctor George S. Foster, offered a resolution that a committee on permanent organization be appointed to report a *Constitution and By-Laws* for the government of the Society.

A committee of one from each County represented, was appointed as follows:

Doctors M. Cote, of Alleghany County.
H. M. Logee, of Crawford County.
Coates Preston, of Delaware County.
M. Friese, of Cumberland County.
J. B. Wood, of Chester County.
J. H. Marsden, of Adams County.
Horace Homer, of Philadelphia County.
R. Faulkner, of Erie County.
P. S. Duff, of Butler County.

The Committee retired for about half an hour, when they returned and offered a report containing a Constitution and By-Laws. The report was accepted and the Constitution taken up and considered by sections, and, after some amendment, adopted as a whole. The By-Laws were again read and after being amended so as to correspond with the Constitution, were likewise adopted as a whole, and the Convention resolved into a State Society. The meeting then adjourned to meet at 4 o'clock, P. M.

AFTERNOON SESSION.

The Society met pursuant to adjournment and proceeded to an election of Officers for the ensuing year, which resulted as follows:

President.—J. B. Wood, M. D., West Chester.
Vice Presidents.—J. H. P. Frost, M. D., Philadelphia, and
J. C. Burgher, M. D., Pittsburg.
Recording Secretary.—Bushrod W. James, M. D., Philadelphia.
Corresponding Secretary.—R. J. McClatchey, M. D., Philad'a.
Treasurer.—D. Cowley, M. D., Pittsburg.
Censors.—C. Preston, M. D., Chester, Delaware Co.
R. Faulkner, M. D., Erie, Erie Co.
H. Hofmann, M. D., Pittsburg, Alleghany Co.

The Constitution was then signed by the Delegates present eligible to membership, numbering thirty in all.

A resolution was then adopted fixing the next place of meeting at Philadelphia, on the second Wednesday of May, 1867, at 10 o'clock, A. M.

Delegates to the "American Institute of Homœopathy" were then selected, consisting of J. B Wood, M. D., and Bushrod W. James, M. D., to represent this Society in that body which holds its session on the 6th inst., in Masonic Hall, Pittsburg.

"The Homœopathic Medical Society of Cumberland Valley," presented a report, which was read and accepted.

"The Philadelphia County Homœopathic Medical Society" also offered a report which was read and accepted.

"The Illinois State Medical Society" was represented by Doctor G. D. Beebe, of Chicago, who had been duly appointed a Delegate from that State. He delivered an address, and concluded by inviting the Physicians of the Pennsylvania State Society to meet those of the Illinois State Society at their next annual meeting.

"The New York State Society" was represented by Doctor J. Beakley.

"The Miami Homœopathic Medical Society of Ohio" was represented by Dr. J. Bosler, of Dayton, who presented a communication from the Society represented by him which was read and accepted.

Dr. McClatchey offered a resolution that a committee of five be appointed to obtain a charter if possible at the next meeting of the State Legislature, which was adopted, and the following committee appointed: Drs. R. J. McClatchey, Bushrod W. James, J. C. Burgher, R. Ross Roberts, and J. K. Lee.

A communication on "*Poisoning by Santonine*" from Dr. W. J. Blakely, of Benzinger, was presented and read by Dr. W. R. Childs. It was moved by Dr. Childs that the proceedings of the meeting be published in the *Hahnemanian Monthly*, and that that Journal be considered the organ of the State Society; adopted.

Dr. B. W. James presented a statistical report of Allœopathic and Homœopathic treatment in the Northern Home for Friendless Children, Philadelphia, which was accepted.

The following amendment to the constitution was offered and laid over under the rules, until the next annual meeting of the Society: "No person shall be eligible to membership in this State Society who graduates in medicine after the year 1866 unless he has received a Diploma from some regular Homœopathic Medical College."

It was on motion resolved that the retiring President at the next annual meeting shall deliver the annual address.

A committee of one on each of the following medical subjects was appointed to prepare a report during the year and present it at the next annual meeting.

1. *Homœopathy and Clinical Medicine*—M. Friese, M. D., of Mechanicsburg.

2. *Drug Provings and New Remedies*—W. J. Blakely, M. D., of Benzinger.

3. *Anatomy and Pathology*—J. C. Morgan, M. D., of Philadelphia.

4. *Surgery*—Bushrod W. James, M. D., of Philadelphia.

5. *Anæsthetics, (general and Local)*—W. H. H. Neville, M. D., of Philadelphia.

6. *Obstetrics*—J. H. Marsden, M. D.,of York Sulphur Springs.

7. *Chemistry as applied to Medicine*—Thomas Hewitt, M. D., of Pittsburg.

8. *Physiology*—O. B. Gause, M. D., of Philadelphia.

9. *Asiatic Cholera*—J. H. P. Frost, M. D., of Philadelphia.

10. *Statistics of Cholera and other diseases treated by Homœopathy*—D. Cowley, M. D., Pittsburg.

11. *Medical Diagnosis*—R. J. McClatchey, M. D., of Philadelphia.

Delegates to other State Societies were appointed by the Chair.

"Illinois State Homœopathic Medical Society:" Doctors D. Cowley, H. Hofmann and W. R. Childs.

"NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY: Doctors Bushrod W. James, C. Preston and R. J. McClatchey.

"MASSACHUSETTS STATE HOMŒOPATHIC MEDICAL SOCIETY:" Doctors J. D. Johnson, H. Homer and J. H. P. Frost.

"OHIO STATE HOMŒOPATHIC MEDICAL SOCIETY:" Doctors M. Cote, J. A. Herron and J. B. Cooper.

"MICHIGAN INSTITUTE OF HOMŒOPATHY:" Doctors C. M. Dake, R. Faulkner and M. W. Wallace.

"HOMŒOPATHIC MEDICAL SOCIETY OF WISCONSIN:" Doctors George S. Foster, J. C. Burgher and A. Black.

"WESTERN INSTITUTE OF HOMŒOPATHY:" Doctor W. H. Cook, of Carlisle.

"CANADIAN INSTITUTE OF HOMŒOPATHY: Doctor J. C. Richards, of Lock Haven.

A communication from "the Faculty of the HOMEOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA" was presented, together with some announcements of that Institution, by DR. FROST and accepted. A resolution of thanks to the "Board of Managers of the Homœopathic Hospital of Pittsburg" for the use of their building and other favors was unanimously passed. Several papers on scientific subjects appertaining to medicine were offered, but owing to the lateness of the hour could not be read.—A bill of $3.75 for minute book was presented and ordered paid. All graduates who signed the call for the convention or the recommendation of the same are entitled to become full members during the year upon the payment of the initiation fee of Two Dollars and signing the Constitution or sending their name to the Secretary for signature to the Constitution. On motion, the Society adjourned.

BUSHROD W. JAMES,
Recording Secretary.

HOMŒOPATHIC MEDICAL SOCIETY OF CUMBERLAND VALLEY.

A desire on the part of several members of this County (Cumberland) having been frequently expressed, that we should form ourselves together into a Society for mutual benefit, and to aid in spreading the golden principles of Homœopathy; a meeting was proposed to consider the subject, and all the Physicians

practising in the County, were invited to meet in the office of Wm. H. Cook, M. D., Carlisle, on the 8th day of May, 1866; some Physicians from the adjoining districts, of the counties of Franklin, Adams and York, where numbers were too few to form a Society, were also invited.

A Constitution and By-Laws were adopted, officers duly elected, and arrangements made to hold regular meetings and cooperate, through Bureaus and Committees with the work of the American Institute of Homœopathy.

The best of feeling prevailed and a strong desire was manifested to urge forward the noble cause so successfully introduced into our beautiful valley, by the indefatigable labors and pure teachings of our venerable predecessors, Dr. F. Ehrmann, now of Cincinnati, Ohio, and Professor Adolph Lippe, of Philadelphia, who, we are happy to say, are still actively battling for its advancement.

In Adams County, our highly esteemed and learned colleague, Dr. Marsden,has triumphantly borne the banner of Homœopathy forward, despite the violent opposition of the ignorant and the prejudiced,until Homœopathy holds the first position as a Medical Science, in our community.

We number among our patrons such men as Col. Jno. B. Parker, Wm. Watts, Esq., Col. Wm. B. Mullen, Johnston Moore, Esq., Maj. Samuel Givin, Charles Ogilby, Rev. Dr. Clerc and Col. Robert M. Henderson, with a host of others equally distinguished for their intelligence, patriotism, wealth and high Christian character, not alone in their own County but in the State and Nation. We are sometimes led to believe that even our Allopathic Brethren are turning their backs on the *regular system*, as in following up their deserting ranks we find among their relics *the wonderful little powder*, nauseous and crude, as it may be, put up in minute packages, in very small scraps of old newspaper, or ancient letters yellowed by the smoke of time, and *the glass of water* with a good teaspoonful of the kill or cure at the bottom, in imitation of what they believe the popular doctors are doing.

The following gentlemen were elected delegates to the State Convention of Homœopathic Physicians, which meets in Pittsburg on the 5th of June, 1866: J. H. Marseen, M. D., M.

Friese, M. D., J. J. Bender, M. D., and Wm. H. Cook, M. D., a delegate to the American Institute of Homœopathy, with power to substitute, if prevented from attending themselves.

President—J. H. MARSDEN, M. D., York Sulphur Springs, Adams County.

Vice President—JOHN ARMSTRONG, M. D., New Kingston, Cumberland County.

Secretary—WM. H. COOK, M. D., Carlisle, Cumberland Co.

Treasurer—J. J. BENDER, M. D., " " "
M. FRIESE, M. D., Mechanicsburg, " "
B. BOWMAN, M. D., " " "

PHILADELPHIA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The want of an active, living Medical Society, one that should be organized in such a manner as to insure prolonged vitality, had long been felt in Philadelphia, and formed a not infrequent topic of conversation among many members of the profession, who regarded it as a "consummation most devoutly to be wished."

This desire at length culminated in a call for a convention of Homœopathic Physicians, of Philadelphia and vicinity, "to devise some acceptable plan of organization whereby all might cooperate in the furtherance of the cause of Homœopathy."—Accordingly, on the evening of March 8th, 1866, a large and enthusiastic meeting of Homœopathic Physicians, was held at the Dental College Building, 10th & Arch streets.

A Constitution, providing that all regular graduates of medicine who practice in accordance with the formula "*similia similibus curantur*," shall be eligible for membership—was adopted; and the necessary preliminary steps taken to secure a permanent organization.

The first regular meeting of the Society was held at the Hom. Med. College, March 15th, 1866, and at the *annual* meeting held in April, the following officers were elected for the term of one year.

President—Dr. Richard Gardiner.
Vice President—Dr. O. B. Gause.
Treasurer—Dr. A. H. Ashton.
Secretary—Dr. Robt. J. McClatchey.
Scribe—Dr. B. W. James.
Censors—Dr. Jacob Jeanes,
Dr. Walter Williamson,
Dr. Silas S. Brooks.
Com. on Provings—Dr. Adolph Lippe,
Dr. H. N. Guernsey.

A very interesting discussion on the proper treatment of tumors, the main features of which will shortly appear in the *Hahnemannian Monthly*, has occupied the attention of the Society, and much valuable information has been elicited.

A code of Medical Ethics, based on the able article on that subject by *Dr. Williamson*, has been recommended to the members of the Society, for guidance in their professional intercourse.

It is the purpose of the Society, in the event of the prevalence of Asiatic Cholera in this City, to make strenuous efforts to secure from the proper authorities, a part of the public hospitals which may be allotted for the reception of Cholera patients, and a committee, consisting of Drs. B. W. James, J. H. P. Frost, Ad. Lippe, Jno. C. Morgan and Jno. K. Lee, have been appointed for this purpose.

Dr. B. W. James introduced to the notice of the Society, at the meeting in May, the use of Rhigolene as a local anæsthetic, and stated that he had applied it successfully in surgical practice. At the same meeting the following gentlemen were appointed *delegates to the Convention to form a State Society*, an to the meeting of the American Institute:

Drs. B. W. James, J. H. P. Frost, Robt. J. McClatchey, W. H. H. Neville, Horace Homer.

The regular meetings are held on the third Thursday of each month, excepting July and August. The annual meeting on third Thursday in April.

HOMŒOPATHIC & ALLŒOPATHIC MEDICAL SERVICE

IN THE

Northern Home for Friendless Children,

PHILADELPHIA, PENN'A.,

BY

BUSHROD W. JAMES, M. D.,

FORMERLY SURGEON TO THE INSTITUTE.

Number of Children admitted into the Home from its opening:

		Died
August 3, 1853, to May 1, 1854, - -	47	0
Admitted from May 1, 1854, to May 1, 1855,	70	0
" " 1855, " 1856,	114	2
" " 1856, " 1857,	125	5
No. in Home when changed from Homœopathic back to Allœopathic service, Oct. 30, 1864,	184	–
Admitted from Oct. 30th, 1864, to May 1st, 1865,	254	9
" " May 1st, 1865, " " 1866,	170	2
Total inmates of Home while under Allœopathic service, - - - - -	964	18

Term of Allœopathic service, 5¼ years.

		Deaths.
No. of inmates when the Homœopathic Service commenced, - - - -	80	0
Admitted from May 1, 1857, to May 1, 1858,	155	0
" " " 1858, " 1859,	192	1
" " " 1859, " 1860,	190	4
" " " 1860, " 1861,	178	2
" " " 1861, " 1862,	239	4
" " " 1862, " 1863,	225	0
" " " 1863, " 1864,	204	2
" " " 1864, to Oct. 24, 1864,	136	3
Total inmates while under Homœopathic service,	1599	16

Term of Homœopathic Service 7½ years.

SUMMARY.

Total inmates of Northern Home while under
Homœopathic Service, - 1599, Deaths 16
Total inmates of Northern Home while under
Allœopathic Service, . 964, Deaths 18
Homœopathic term of Service equal to 7½ years.
Allœopathic " " " to 5¼ years.

POISONING BY SANTONINE.

Reported by W. James Blakely, M. D., Benzinger, Pa.

Some time ago I read, in the *North American Journal of Homœopathy*, the report of a case of Santonine poisoning unsuccessfully treated. Thinking that the following case might be possessed of some interest, I take this opportunity of presenting it.

A boy eighteen months old took from two to three grains of Santonine on the evening of Jan. 28th, 1866. He passed a very restless night, frequently awaking with screams and cries. In the morning of Jan. 29th, he had a small stool, but passed no worms. On the evening of this day I saw him, and found the following symptoms presenting:

Vomiting of yellowish matter; bright yellow urine; pain in the stomach; very high fever; pulse full and rapid; face hot and flushed; cheeks of a deep red or purple color, and very hot; continual moving of the arms; seizes hold of every one who comes within his reach; sudden awaking from sleep with screams and expression of terror; wild looks. I gave him Bella. 3d, 5 drops to an ounce of water—a teaspoonful every hour. Amendment set in after the third dose; the child rested well during the night, and on the next day was able to run about. I am not aware that Belladonna is an antidote of Santonine; if it be, this case may be of use. I administered it, however, on account of the similarity existing between its symptoms and those of the patient. If it acted homœopathically, this case will possess no great interest, as in subsequent cases the remedy would have to be selected in accordance with the symptoms present.

PROCEEDINGS

OF THE

Homœopathic Medical Society of Pennsylvania.

Annual Meeting, Philadelphia, June 3d, 1867.

The Annual Meeting of the Society was held at 11 o'clock in the Homœopathic Medical College building, Filbert street above Eleventh.

Dr JAMES BAYARD WOOD, of West Chester, President, took the chair, and announced and explained the following action of the Board of Censors: "At the suggestion of a number of the Western members of the Homœopathic Medical Society of Pennsylvania, the Board of Censors have directed me to call a meeting for the transaction of the business pertaining to the Annual Meeting at Philadelphia, on the first Monday of June, 1867, at 11 o'clock, A. M., in order that they may have an opportunity during the same trip to attend the meeting of the American Institute of Homœopathy, at New York City. The regular business of the meeting heretofore called for the second Wednesday of May, will therefore be transacted on the first Monday of June.

"J. B. WOOD, M. D., *President.*

"*January* 2, 1867."

The Chairman of the Committee of Arrangements of the Philadelphia County Homœopathic Medical Society, Dr. BUSHROD W. JAMES, then, on behalf of that Society, and the whole Homœopathic profession of the city, made an informal address of greeting to the members of the State Society, and extended to then a cordial welcome.

The roll was then called and the list corrected.

Propositions for membership being in order, a number of names were proposed and refered to the Board of Censors. In the absence of two of the Censors, Drs. I. D. JOHNSON and J. C. MORGAN were appointed to act with Dr. H. H. HOFMANN in that capacity.

A motion was made and carried that an afternoon session be held, as well as an evening session, immediately after the delivery of the Annual Address, and that half-past three o'clock be the time fixed for the election of officers for the ensuing year.

The proposed amendment to the Constitution, laid over under the rules from last year, was then taken up. On motion, it was laid on the table.

The TREASURER made a report, in his absence, through Dr. J. C. BURGHER, and accompanied with a draft properly signed, for the amount of balance in his hands, sixty-nine dollars and fifty-five cents ($69.55). The Recording Secretary reported an additional six dollars received from members since the making out of the report.

Drs. W. WILLIAMSON and S. S. BROOKS were appointed auditors.

Delegates from the various Homœopathic organizations throughout the State presented their credentials, and were admitted to seats in the body during its annual session.

Visitors from other States and delegates from other State Societies were, on motion, likewise admitted to the floor, with privilege of taking part in the discussions of the Society.

The Committee on Charter then reported through the chairman, Dr. R. J. MCCLATCHEY, that in prosecuting the duties of their office the committee had found that the power to grant such charter is vested in the courts of law and not in the general Assembly; and asking for a continuance, with full power to procure said instrument from the proper authorities. On motion of Dr. J. JEANES, the report was adopted and the committee continued, with full power to act.

The auditors then offered their report duly signed, stating that they had carefully examined the Treasurer's accounts and found them correct. The report was accepted and the auditors discharged.

The reports from societies were then received. The Recording Secretary read a report from the *Homœopathic Medical Society of the Counties of Chester and Delaware*, signed by its Secretary. Referred to the Publishing Committee.

The announcement was made that in *Dauphin County* a Homœopathic Medical Society had been formed, and in the *City of Harrisbury* a Homœopathic Dispensary established.

A report from the *Philadelphia County Society* was read by Dr. McClatchey, and referred to the Publishing Committee.

Dr. L. H. Willard read an interesting report from the *Alleghany County Society*, containing a number of clinical cases. On motion of Dr. J. Jeanes, the report was accepted and ordered to be filed away among the scientific papers.

Dr. Wm. H. Cook reported on behalf of the *Cumberland Valley Medical Society*—report accepted.

Dr. W. Williamson stated that he had in his possession twenty-two provings of *Hydrastis Canadensis*, and if any of the members of the State Society had any provings of that drug to present, he desired that they would offer them to the Society now. He had kept the symptoms separate: 1. The provings; 2. The cured symptoms; and 3. The clinical observations in the use of the drug.

On motion, the Society adjourned until half-past three o'clock.

Afternoon Session.

Dr. F. H. Krebs, of Boston, a delegate from the *Massachusetts State Homœopathic Medical Society*, was introduced and addressed the meeting, and offered a report from his society, after which he presented a copy of the Massachusetts State Society's Proceedings for the past six years, to this Society, for its library. The volume was received, and a vote of thanks tendered for it.

The Society, after electing some new members, went into an election for officers by ballot for the ensuing year.

Drs. C. Preston and H. H. Hoffmann were appointed tellers.

The vote resulted as follows :

President—W. WILLIAMSON, M. D., Philadelphia.

First Vice-President—J. H. MARSDEN, M. D., York Springs.

Second Vice President—W. JAMES BLAKELY, M. D., Benzinger.

Recording Secretary—BUSHROD W. JAMES, M. D., Philadelphia.

Corresponding Secretary—ROBERT J. MCCLATCHEY, M. D., Philadelphia.

Treasurer—H. H. HOFFMANN, M. D., Pittsburg.

Censors—R. ROSS ROBERTS, M. D., Harrisburg; C. PRESTON, M. D., Chester; J. C. BURGHER, M. D., Pittsburg.

Dr. W. WILLIAMSON, the President elect, was then conducted to the chair, and made a neat and appropriate address.

A vote of thanks was then tendered the retiring officer.

A resolution was passed that the proceedings of this Annual Meeting, together with those of the Convention and Meeting at Pittsburg, in 1866, be published in pamphlet form; *provided* the funds of the Society will warrant it; and also that a committee be appointed to carry out this resolution.

On motion the TWO SECRETARIES were appointed the Publishing Committee, to which Dr. J. H. P. Frost's name was added by vote.

Sundry bills from the Secretaries were read and ordered to be paid.

Dr. J. C. Burgher then presented a report from the *Pittsburg Homœopathic Hospital*, which was read and referred to the Publishing Committee.

The Committees on Scientific Subjects were then called.

Dr. M. Friese, on the subject of "*Homœopathy and Clinical Medicine*," reported by letter that his paper was unfinished, and that sickness in his family prevented the completion of the paper. On motion, he was continued for another year on the same subject.

Dr. W. James Blakely, on "*Drug Provings and New Remedies*," reported. Report was read and ordered to be printed. He also presented two interesting specimens of "Gangrene of the Lungs," for the inspection of the members.

Dr. John C. Morgan, on "*Anatomy and Pathology*," reported. Report referred to the Committee on Publication.

Evening Session.

The Society met at 8 o'clock P. M., and listened to the Annual Address by Dr. J. B. Wood, of *West Chester*, after which the Society went into Executive Session.

On motion, the thanks of the Society were tendered Dr. J. B. Wood, for his able and interesting address, and a copy solicited for incoporating with the archives of the Society.

Dr. Bushrod W. James reported on "*Surgery.*" The report was read and referred to the Publishing Committee.

No report on "*Anæsthetics.*"

Dr. J. H. Marsden on "*Obstetrics.*" Report read and referred to Publishing Committee.

Dr. Thomas Hewitt on "*Chemistry, as applied to Medicine.*" Report similarly disposed of.

No report on "*Physiology.*"

Adjourned until 9 o'clock, A. M., Tuesday.

Tuesday, June 4th.

Pursuant to adjournment the Society met, and the Scientific Committee reports were resumed.

Dr. J. H. P. Frost on "*Asiatic Cholera.*" Report read and handed to the Publishing Committee.

Dr. D. Cowley on "*Statistics of Cholera and other Diseases treated Homœopathically.*" Subsequently received and referred to the same committee, and Dr. Cowley continued on the subject of "*Statistics, &c.,*" for another year.

Dr. R. J. McClatchey on "*Medical Diagnosis.*" Report read and also referred.

Dr. J. B. Wood offered a standing Resolution, which was amended by H. N. Martin, and finally adopted as follows, viz:

Resolved, That the Homœopatic Medical Society of Pennsylvania, in accepting and publishing reports of Committee their proceedings, does not necessarily endorse the same.

Resolved, That no longer time than fifteen minutes shall be taken up in reading any single report. If the report is of such length as would occupy a longer period, a synopsis of the same giving the principal points, may be read, and the report itself referred to the Publishing Committee.

On motion, the appointment of the Committees on Scientific Subjects, Committee on Reports and Delegates to other Homœopathic Meetings, except the American Institute of Homœopathy, was left to the discretion of the President of the Society.

The following were then appointed delegates to the *American Institute of Homœopathy*, to meet in New York on June 5th, 1867, viz: Drs. J. B. Wood, J. C. Morgan, J. C. Burgher, R. C. Smedley, and I. D. Johnson.

Harrisburg was fixed as the next place of meeting. Time of meeting, the first Tuesday in May, at 10 A. M.

Drs. R. Ross Roberts and M. Friese were appointed the Committee of Arrangements for the next annual meeting, with privilege of adding to their number.

Dr. Burgher offered the following, which was carried:

Resolved, That the physicians of the place of annual meeting are not expected by this Society to offer a public banquet to the delegates and members.

J. C. Burgher, M. D., of Pittsburg, was selected as *orator* for the next meeting, and J. H. P. Frost, M. D., of Philadelphia, as *alternate*.

The following physicians were proposed for membership during the sessions of the Society, referred to the Board of Censors, who reported favorably thereon, and afterwards were duly elected by the Society:

Pemberton Dudley, M. D., Philadelphia; H. C. Wood, M. D., West Chester; John E. James, M. D., Philadelphia; J. H. McClellan, M. D., Pittsburg; Walter Ure, M. D., Alleghany City; Richard Koch, M. D., Philadelphia; Gustavus E. Gramm, M. D., Philadelphia; C. H. Lee, M. D., Pittsburg; H. N. Martin, M. D., Philadelphia; Charles B. Barrett, M. D., Philadelphia; Smith Armor, M. D., Columbia; John J. Garvin, M. D., Philadelphia; A. P. Bardin, M. D., West Philadelphia; Wm. T. Urie, M. D.,———; O. S. Wood, M. D., Philadelphia;

W. C. Harbison, M. D., Philadelphia; M. M. Walker, M. D., Germantown; Thos. C. Bunting, M. D., Mauch Chunk; B. B. Gumpert, M. D., Philadelphia; Alvin Williams, M. D., Phœnixville.

The following appointments were made by the President:

ON SCIENTIFIC SUBJECTS:

1. *Provings*—A. Lippe, M. D., Philadelphia; R. C. Smedley, M. D., West Chester.
2. *Homœopathy and Clinical Medicine*—M. Friese, M. D., Harrisburg; M. Preston, M. D., Norristown.
3. *Improvements in Surgery*—J. J. Detwiller, M. D., Easton; L. H. Willard, M. D., Pittsburg.
4. *Recent Improvements in Obstetric Science*—H. N. Guernsey, M. D., Philadelphia; H. N. Martin, M. D., Philadelphia.
5. *Dietetics*—M. Cote, M. D., Pittsburg; Edward Reading, M. D., Hatboro'.
6. *Homœopathic Statistics*—D. Cowley, M. D., Pittsburg; J. C. Richards, M. D., Lock Haven.
7. *Epidemics and Endemics*—Jacob Jeanes, M. D., Philadelphia; W. M. Williamson, M. D., Philadelphia.
8. *Hygiene*—W. James Blakely, M. D., Benzinger; I. D. Johnson, M. D., Kennett Square.

Other Committees:

On Reports.—J. B. Wood, M. D., West Chester; Coates Preston, M. D., Chester; J. F. Cooper, M. D., Alleghany City.

On Charter.—R. J. McClatchey, M. D., Philadelphia; R. R. Roberts, M. D., Harrisburg; J. K. Lee, M. D., West Philadelphia; J. C. Burgher, M. D., Pittsburgh; Bushrod W. James, M. D., Philadelphia.

Publishing Committee.—Bushrod W. James, M. D., Philadelphia; Robert J. McClatchey, M. D., Philadelphia; J. H. P. Frost, M. D., Philadelphia.

Delegates to other Homœopathic Meetings:

International Homœopathic Medical Congress, Paris, France, August 9th to 14th, 1867.—Bushrod W. James, M. D., Philadelphia; Charles Neidhard, M. D., Philadelphia.

State Homœopathic Medical Society of Maine, 1867.—S. S. Brooks, M. D., Philadelphia; H. M. Logee, M. D., Linesville.

State of Massachusetts, 1868.—W. H. Cook, M. D., Carlisle; I. P. Johnson, M. D., Latrobe.

State of Vermont—H. N. Martin, M. D., Philadelphia; H. N. Guernsey, M. D., Philadelphia.

State of New York, Feb., 1868.—John R. Reading, M. D., Somerton; Wm. T. Urie, M. D.

State of Ohio, 1868—Robert Faulkner, M. D., Erie; J. H. Marsden, M. D., York Sulphur Springs.

State of Illinois.—J. C. Morgan, M. D., Philadelphia; James A. Herron, M. D., Pittsburg.

State of Michigan.—M. W. Wallace, M. D., Alleghany City; A. H. Ashton, M. D., Philadelphia.

State of New Hampshire.—O. B. Gause, M. D., Philadelphia; W. H. Neville, M. D., Philadelphia.

State of Wisconsin.—Geo. S. Foster, M. D., Alleghany City; O. P. Bardin, M. D., West Philadelphia.

Miami Medical Society of Ohio.—W. R. Childs, M. D., Pittsburgh; L. M. Rousseau, M. D., Pittsburgh.

Western Institute of Homœopathy.—J. K. Lee, M. D., West Philadelphia; Smith Armor, M. D., Columbia.

Canadian Institute of Homœopathy.—D. James, M. D., Philadelphia; Wm. Stiles, M. D., Philadelphia.

A vote of thanks to the Faculty of the Homœopathic Medical College was tendered for the use of the building by the Society.

A vote of thanks to the physicians of Philadelphia for their courteous reception of the members from other parts of the State was passed.

The minutes of the annual meeting were then read and, on motion, adopted.

A motion to adjourn was then made, but withdrawn to allow Dr. C. H. Von Tagen to offer the following resolutions:

Whereas, the success which has hitherto marked the progress of Homœopathy since the immortal Hannemann's discovery of the law of cure, though in face of the vilest opposition and persecution: and

Whereas, Both in this country and in England there has of late years, and more recently in the United States, been given to the Homœopathic system an element of great strength, whereby the truths and results of our system are placed clearly and practically before the people, tending rapidly to popularize Homœopathy; therefore

Resolved, 1. That we hereby express our gratification in the organization of life insurance companies which recognize the superiority of Homœopathy over other systems, in a reduction of premiums to its patrons.

2. That in view of the fact that life insurance has become an important coadjutor with us in medical reform, basing its preference on the increased longevity of practical Homœopaths, it becomes the duty of every intelligent practitioner to make himself acquainted with the principles of life insurance, and the special features of life companies, that he may be able to give such information to his patrons, and aid to the friends of our system, as opportunity may offer and propriety dictate.

3. That the attitude certain life companies have assumed toward our system has linked Homœopathic life insurance to it in such a manner, that the failure to achieve a marked success must react upon Homoeopathy, and, at least, materially retard the progress now being made throughout the civilized world.

They were read, accepted, and ordered to be filed.

BUSHROD W. JAMES, M. D.,

Recording Secretary

I

ANNUAL ADDRESS,

Delivered before the Homœopathic Medical Society of Pennsylvania, at the Annual Session, held in Philadelphia, June 3d, 1867.

By James B. Wood, M. D., of West Chester.

Fellow Members of the Homœopathic Medical Society of the State of Pennsylvania :—

In conformity with the requirements of our Society it becomes my duty, and, if I had the ability, my pleasure as its retiring presiding officer, to say a few words to you at the close of my official duties.

Trusting that I shall have your sympathy for any errors I may advance, or any shortcomings in this my first public address, as it is one of the most arduous duties that could be imposed.

I approach the duty assigned me on this occasion with diffidence, and mingled feelings of joy and regret—with diffidence in consequence of my inability to do justice to the cause and to you, individually and collectively. With feelings of joy that our system of medicine and law of cure has already traversed the entire civilized world, and, that its blessings have been accepted by so large a portion of the most influential, intelligent and wealthy of all countries, who cling to it as a Heaven-descended system, for the benefit of the human race :—of re-

gret, that so many millions are still bound in servitude and chains to the waning fortunes of the Old School—a servitude almost as abject and degrading as that which, until recently, held four millions of human beings, made in the image of God, in free and independent America, in slavery. Yes! while *our* banner is the banner of *progress* and *medical freedom—theirs*—I blush to speak the words—are *no progress* and *medical slavery.*

The old system of medication is happily being acted upon by the frosts of time and is crumbling into decay. In its stead, is being erected an edifice beautiful and symmetrical in proportions, and magnificent in design, based upon the immutable law, "Similia Similibus Curantur," which will through all future ages withstand the test of the tooth of time.

Notwithstanding our system of medicine has been, and still is, a subject of derision, by our *brethren* of the Old School, we have produced a remarkable change in the practice of our adversaries. Does any one now hear tell of the lancet? The older members of the Society and many now here before me, well remember the time when a visit from a Doctor and bleeding were, so to speak, synoyamous terms. The blister and the cautery are likewise seldom used, save only by those who profess human butchery, and in that way add to the horrors of disease.

Is there not, also, a very marked change in the quantities of medicine prescribed by them—"growing small by degrees and beautifully less?"

Another matter to be taken into consideration is the fact, that, to retain their patients, in many instances, they have to simulate our practice. They even use our veritable "sugar pills."

"*We give medicine that tastes very like Homœopathic,*" says one. "*Our medicine is not nauseous now,*" says another. Who among you my hearers is there that has not witnessed in times gone by, one of those terrific struggles between a mother and her tender offspring, in giving a dose of castor oil, or of the thousand and one nostrums, now happily fading away, and to be remembered only as the relics of the barbarism of a by-gone age.

We are called by them a vocabularly of hard names, such a "quacks," "ignorant pretenders," that we "carry on a commerce to the detriment of humanity and science."

It is not at all surprising that we have to encounter such malignant opposition. Has it not been so in every age, in regard to new discoveries. True to that spirit of persecution which obliged Galileo to renounce upon his knees, his discovery of the fact that the earth rotates; that spirit which assailed Harvey, when he announced the fact of the circulation of the blood; and of Jenner, in discovering the prophylactic powers of vaccination, which stayed the ravages and destructiveness of the loathsome small-pox, which in England alone, carried off over 160,000 human beings in its deadly embrace. And I may here add that the prophylactic powers of vaccination, is one of the many exemplifications of the truth of the Homœopathic law of cure.

When they are told of our success in the treatment of every form of disease, their reply frequently is, that our patients are not very ill; but, fellow members of this Society and Ladies and Gentlemen, need I ask you how long would it be before the same class of patients would be very ill if placed under the fire of their batteries, nor how many would have recovered, if left to the natural powers of the system, that now "sleep the sleep that knows no waking." Our efforts are not to over tax the vital powers by strong medication, but by mild and gentle means, assist nature to throw off the morbid cause, and health is the result.

We will not even undertake to compare our Homœopathic law of cure with any other 'pathy' or 'ism', except to set forth matters in their true aspect, for it is only in opposition to humanity that any parallel can be recognized.

We propose, for a brief period, to show the superiority of our system by statistical information—*stubborn, incontrovertible facts:*

Sir John Forbes, Physician to the Queen of England, speaking a few years ago of Fleischman's Homœopathic Hospital in Vienna, says: "Not merely do we see thus cured all the slighter diseases, whether acute or chronic, but even the severer and more dangerous forms of disease which most physicians, of whatever school, have been accustomed to consider as not only needing the interposition of art to assist nature in bringing them to a speedy and favorable termination, but as demanding

the employment of prompt and efficient measures to prevent a fatal termination. We cannot refuse to admit Dr. Fleischman's statements as to matters of fact." The same has been said in substance by Dr. Wilde; and Dr. Routh, in his work on the fallacies of Homœopathy, gives the following statistical table, and admits its substantial correctness:

In *Pneumonia*—deaths under Homœopathic treatment, 17 per cent.; under Allœopathic treatment, 24 per cent.

In *Pleurisy*—deaths under Homœopathic treatment, 3 per cent.; under Allœopathic treatment, 13 per cent.

In *Peritonitis*—deaths under Homœopathic treatment, 4 per cent.; under Allœopathic treatment, 13 per cent.

In *Dysentery*—deaths under Homœopathic treatment, 3 per cent.; under Allœopathic treatment, 22 per cent.

In *Typhus Fever*—under Homœopathic treatment, deaths 15 per cent.; under Allœopathic treatment, 19 per cent.

All other diseases—under Homœopathic treatment, deaths 4.4 per cent.; under Allœopathic treatment, 8.5 per cent.

Now all of these gentlemen are of the dominant school in medicine, and cannot be accused of partiality for the homœopathic system of practice.

Even the world-renowned Skoda, of the Vienna Allœopathic Hospital, who places much reliance on the expectant treatment, does not furnish a record as favorable as that we have just cited; therefore the charge, that the do-nothing treatment is fully equal to the Homœopathic, utterly fails, as it will upon a rigid test, wherever and whenever tried.

In the Northern Home for Friendless Children, of this city, the mortality was only one-half while under Homœopathic treatment, to what it has been under Allœopathic Medication.

In European Allœopathic Hospitals, the average mortality has been from 11 to 12 per cent., while in the Homœopathic Hospitals the average mortality has been from 5 to 6 per cent.

In St. George's (Allœopathic) Hospital, London, in 5413 cases treated, there were 1018 deaths, 18 per cent. loss, while in the London Homœopathic Hospitals 1063, 48 deaths, 4½ per cent. loss.

In a Paris Hospital, the Homœopathists have two wards side by side, with the others under Allœopathic charge; for three years, the number of cases treated Homœopathically was 4663, under Allœopathic treatment 3986 cases. Homœopathic Mortality, 8.5 per cent. Allœopathic Mortality 11.5 per cent.

The Pennsylvania Hospital, (Allœopathic) a few years ago in a published report, gives a loss of from 10 to 11 per cent., while the Good Samaritan Hospital (Homœopathic) gives a loss of from 6 to 7 per cent.

In six New York Allœopathic Asylums the loss for twelve years is 1 in 41—while at the Protestant Half-orphan Asylum, (Homœopathic,) for the same period, 1 in 146. This latter item is taken from a report made under oath to the board of Education in the city of New York.

To the members of this Society the subject to which I am now about to allude is perfectly familiar—but to some in this audience it may be somewhat interesting to have a short history of the founder of, and the rise and progress of the law of cure, as enunciated by him.

On the 10*th of April, A. D.* 1755, *Saml. Hahnemann, the discoverer of our law of cure, was born.* Meissen, Saxony, has the honor of being his birth place. His father was a tradesman of some acquirements and was his first instructor, but his active mind and elevated character, attracted the attention of Dr. Muller, principal of the provincial school, into which he was admitted free of expense,and in which he became thoroughly conversant with Latin and Greek and the chief modern languages, and at the age of twenty he entered the University of Leipsic as a medical student.

His energy, perseverance and natural powers of endurance enabled him to pursue his studies, sleeping only every other night; a practice he persevered in for a long time. The Professors of the University, on account of merit gave him free admission to their lectures. In 1777 he went to Vienna, and to England in 1779, where he obtained the degree of Doctor of Medicine.

After a successful practice, and having reached the summit of medical science, he saw that it did little but palliate human ills; substituting one disease for another instead of eradicating

it from the system. He now returned to poverty, relinquishing his large practice, and resolving never to give another prescription that was not certain to cure any curable malady.

He engaged in the translation of certain works, as a means of subsistence, and while translating Cullen's Materia Medica, the Homœopathic law of cure, first dawned upon his mind. He tried on his own person various medicinal substances, and found they produced symptoms similar to those they were known to cure. He applied his discovery to his friends in the treatment of disease with a success he had never before experienced. For many years he was obliged to undergo persecution such as has seldom been the lot of man to endure.

He labored in this way until 1811; the previous year he published the first edition of his Orgamon. In 1820 the Duke Ferdinand, offered him an asylum on account of the wrongs inflicted upon him, but even here he was pursued by the populace and treated with violence, then he resolved to live a secluded life, and for fifteen years was scarcely seen in the streets of his town.

From his voluntary prison, came forth messengers to plead his cause before the civilized world, *his works*, editions of which were published.

All who may examine his writings will not fail to be impressed with his natural and acquired talents, and benevolent disposition.

At this time our system is extending among the most intelligent classes—and the people of every nation hail it as a discovery capable of affording the greatest blessings to the afflicted.

Of course in an art so difficult as that of healing, it would be strange indeed for one person to remain free from errors—but his errors are of little importance, as the
ered is based upon the rock of truth.

The doctrine of applying remedies which
rather than healthy parts, and the sub-divis
cine to develop new curative powers, and the
for the purpose of obtaining their specific ac

physician to prescribe accurately and knowingly, will commend itself to the sound judgment of all, immortalize its author, and command the attention of the whole scientific world.

We do not claim for him infallibility, (the best men have their faults,) only an advance in the perfection of medicine—placing it upon a firm basis, and upon the principles set forth by him, alone, can a correct system of medicine be founded.

Let it not be said that with the death of Hahnemann progress in our school of medicine ceases; but, as we have amongst us many gentlemen capable of still further perfecting it, it becomes us, Gentlemen of the Homœopathic Medical Society of Pennsylvania, as enquirers after truth, to avail ourselves of his experience and imitate his example, by still further progressing up the hill of science.

Let no one object to or retard further investigation in developing the resources of our Materia Medica, so far as we may be enabled to do, or establish landmarks in practice from which none may depart regardless of new discoveries, for to err is human—perfection cannot be attained by us.

In a recent controversy with an Old School Physician, he asserted that "it had been well said that our system of medicine is not a doctrine, much less a science. It is a commerce, carried on by some individuals, to the detriment of science and humanity; and though regular physicians have, probably, through mercenary motives embraced it,—yet it is a fact of which the profession may well be proud, that, in no single instance, has any one whose name is connected with the science of that profession, ever given that delusion the least countenance."

"In Germany," said he, "where the system took its rise, it is absolutely dead, and after having had quite a run in France, Austria and England, it has so far disappeared, that it is with difficulty a stranger finds a Homœpathic physician, journal or hospital."

"In no one of these countries is there a hospital in which that treatment is applied; one exists in name, near Vienna."

"Dr. Joseph Parrish, who visited it about 1858, informed the writer that he found upon careful inspection, that the treatment

in this nominally Homœopathic hospital, was far more heroic than that in the Vienna General Hospital, under the world renowned Skoda."

"In this country, although we have a large class, who are determined to be humbugged in some way, there are unmistakable evidences of its decline."

"Some are quietly and secretly slipping into other modes of practice until it is almost impossible to find a genuine and consistent homœopath, while others openly renounce it, as did J. C. Peters, a distinguished Homœopathic author, &c. Also that the Homœopathic College at Philadelphia, ten years ago, often had a class of over two hundred, now about fifty is all they can muster."

If any one of you had an idea before reading the foregoing extract, that Baron Munchausen was dead, or if dead, that his mantle fell upon no one, you will at once dispel that delusion, particularly when presented with a view of *our true status*, in the year of grace, one thousand eight hundred and sixty-seven.

The three score and ten years, alloted to man have scarcely elapsed, since Hahnemann first promulgated his discovery to the world, and but one generation since Dr. Gram, a diciple of his, was its only representative in America, residing in or near the city of New York; now about four thousand at least, own and dispense its blessings, and we congratulate ourselves that they are at least, as eminent in their profession and as honest in their motives, as a similar number of the Old School, and we point with proud satisfaction to the fact that our practise is not only as successful as theirs, but pre-eminently in advance, all of which we submit to the arbritrament and final determination of a candid world.

Some ten journals are devoted solely to the cause, and five colleges, located in Philadelphia, New York, Cleveland, Chicago, and St. Louis, (and a sixth one in embryo at Boston,) with able Professors, are prosecuting the good work.

The Homœopathic College in this City (it may be stated) never had a class more than about equal to last session, (97) and the united number of matriculants and graduates at all the Colleges, numbered at least three times as many in 1867 as they did ten years ago.

The assertion that our system is on the decline in Europe and other places, is as easy of refutation as it is in regard to our country.

According to the best authority there are about fifteen hundred practising Homœopaths in Europe alone, nearly two-thirds of whom belong to Germany, France and Great Britain.

Numerous Hospitals, appropriated to this treatment, exist in Vienna, St. Petersburg, Paris,Berlin, Moscow,and other places. Six Homœopathic Journals are published in Germany, five in England, three in France, and quite a number in other countries, and Homœopathic Societies exist in nearly every large town in Europe.

But to return to matters nearer home, and with which we are more thoroughly conversant, I will state a few facts that came under my own observation.

Some few years ago, the Alms-House of my County, was under the care of a Homœopathic physician. The success of the treatment was good as usual, notwithstanding that the medicine left for the patients, in many instances, was either not given or thrown away, the person in charge assuming the responsibility of so doing, and charging the physician with the loss of the patient.

In the latter part of the time, a typhus epidemic broke out in the house, resulting in some thirty deaths, out of about 250 inmates.

Our Allœopathic friends lost no time in trumpeting forth within the sphere of their practice, and in their public journals, the ill success of Homœopathic treatment; but now when a similar, aye, worse result obtains under Allœopathic treatment, this same Sir Oracle is dead,—dead,—dead, so far as justice is concerned between man and man.

In a recent scarlet fever epidemic in my own town and vicinity, a large number of cases were treated both Allœopathically and Homœopathically—the former lost fourteen cases, the latter none.

A few years ago a number of the prominent Homœopathic Physicians connected with the Homœopathic College in this City, offered to take charge of the Blockley Alms House for

one year, free of charge for attendance or medicine and with a proviso that they should be discharged whenever it should be determined that their success was not greater than it was under the Old School treatment—*but it was denied them.*

Why will they not consent to contrast their treatment with ours in our public institutions.

Could there be a better opportunity to disprove our claims to public confidence. A fair comparison upon the same class of patients, by the two modes of treatment, under precisely the same circumstances, would be to every unprejudiced person the fairest test.

While we have ever been anxious for the trial, they have refused it, and why?—*because they are afraid of the result.*—Could they not, if they believed what they say to be true, readily show the superiority of their treatment.

We again challenge them to the comparison, having the most unbounded faith in the truth and justice of our cause. Suffice it to say, that they might as well with feeble arm attempt to overturn the Alleghanies or to grasp the stars from the. firmament, as to change us in our firm and unalterable determination to adhere unto the end to the truth in medicine as expressed in the maxim, "*similia similibus curantur.*"

Now, let me exhort you, that as the discoverer of our law of cure passed his whole life in seeking after knowledge, that we imitate his example. Let our object be truth—as his was; devoid of bigotry—as he was; following no dogma without full and thorough investigation; following in his footsteps with the law of cure as discovered by him as the polar star to guide us on our way, and a glorious career awaits us.

II

REPORTS OF SOCIETIES.

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER AND DELAWARE COUNTIES.

This Society has steadily progressed from the time of its organization in October, 1858, to the present time, for it can be correctly said that the semi-annual meeting, held May 7th, 1867, was one of the most interesting and profitable ever convened. The conversations and discussions have been practical, amply repaying the attendant for the inconvenience and loss in practice. A number of well written essays, and accurately reported cases from practice, are presented at each session. A By-Law of the Society, provides that each member shall contribute something in writing during the year. This is generally complied with.

The Annual Session held in October, is always convened in West Chester, and the semi-annual one in May, at various points throughout the district. It is the intention of the Society to have more frequent gatherings, at least four times in the year. Their profit is proverbial among us.

The cause of Homœopathy is being rapidly enhanced throughout these counties. Our patrons are increasing in number, daily, and are constituted almost entirely of the more intelligent of the inhabitants. The violence of the Allœopathic fra-

ternity toward us is but promoting our interests. Their denunciations have been long, loud and bitter, but have universally come back on their own hands.

Our Officers for 1867 are as follows:

President—D. R. Bardin, M. D., late of Coatesville, (now of West Philadelphia.)

Vice President—I. D. Johnston, M. D., Kennett Square, Chester County, Pa.

Secretary—Jos. E. Jones, M. D., West Chester, Chester Co., Pa.

Treasurer—R. C. Smedley, M. D., " " "

At our last regular meeting, it was *Resolved*, that we do become a Committee of the whole, to attend the Pennsylvania State Homœopathic Medical Society, to convene in Philadelphia, June 3d, 1867.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

This Society, organized but little more than one year ago, is now in an exceedingly flourishing and prosperous condition.—The list of membership has been greatly enlarged since the last report was made to the State Society, and now embraces fifty-seven names. The meetings of the Society are held on the 3d Thursday of each month and are always well attended, in fact many, if not all the members, look forward to meeting night as a period of relaxation and pleasure.

During the past year a great variety of medical subjects have been discussed during the sessions, and valuable essays on the following subjects, viz: Infantile Hernia; Poisoning by Belladonna successfully treated with opium; Cholera; Tracheotor Intermittent Fever; the question of dose; Scarlet fever ternation; the Materia Medica; have been presented a and together with the discussions that followed have appeared in the pages of the Hahnemannian Mont

summer when it was expected that Asiatic Cholera would prevail in our City, petitions to the Board of Health, looking to a recognition of the rights of Homœopathic Physicians and their patients were circulated and extensively signed, but that disease having failed to become epidemic at that time, the Petition was not presented and is retained by the Secretary for use on a future occasion should such occasion arise.

Resolutions having in view the ultimate erection and putting in operation of a large general Homœopathic Hospital have been adopted and a committee appointed to carry out the spirit of the resolve, and, though it cannot be said that much progress in that direction has been attained, yet the wedge has been entered and only needs striking down to split the terribly hard knot of professional indifference.

At the Annual Meeting held in April, Richard Gardiner, M. D., President of the Society, delivered the Annual Address.—The Doctor presented an elaborate essay on the dignity of the Medical Profession.

The election for officers to serve during the ensuing year was held on the same evening, and resulted as follows:

President—Dr. Richard Gardiner.
Vice President—Dr. Owen B. Gause.
Treasurer—Dr. A. H. Ashton.
Secretary—Dr. Robt. J. McClatchey.
Scribe—Dr. Bushrod W. James.
Board of Censors—Dr. Walter Williamson,
Dr. Jacob Jeanes,
Dr. S. S. Brooks.
Com. on Provings—Dr. Jno. G. Houard,
Dr. Adolph Lippe.

ALLEGHENY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

In comparing the past with the present, this Society has occasion to congratulate itself on its progressiveness, and although not large in numbers or great in power, hopes with the aid of Divine Providence, to contribute something to the progress of science in the advancement of Homœopathy.

It is with regret that we have to record the death of one of our number, *Dr. Harvey*, who fell a victim to consumption. The Society lost in him a promising member and Homœopathy an ardent supporter, and a large circle of friends mourn his loss.

The meetings of the Society are held in the Pittsburg Homœopathic Hospital building, on the evening of the second Friday of each month. The Journals of the Society are contributed to the Library of that Institution and the pathalogical and other specimens are deposited in its Museum. During the past year many interesting topics have been discussed and valuable essays read.

Dr. Cooper has contributed an article on the topical application of Homœopathic remedies.

Dr. L. H. Willard has presented for consideration clinical observations on Bryonia in Pneumonia; Symphytum off, in fractures, and the treatment of fractures.

Dr. Baelz, on Hydropathy and its application to the treatment of disease.

Dr. D. Cowley, an essay on Spontaneous Generation and a clinical observation on the use of Dulcamara in obstructions of the nasal duct.

Dr. H. H. Hofman reported the first case of *cholera* successfully treated with *verat.*, *cup. acet.*, and *camphor.* Dr. H. also reported a case of monstrosity; a female child born without even the rudiments of either upper or lower extremities, and living for several months.

Dr. J. C. Burgher presented an able article on the *use of the single remedy*, as the great governing rule of Homœopathy. This met the approval of all; the only objection offered being that when a remedy could not be found to cover all the symptoms, another should be given in alternation to assist the action of the first.

In the *department of Materia Medica* this Society has had an accidental proving of *Macrotin*, by Dr. Wallace, and a voluntary proving of the same remedy by Mr. Seip, a Medical Student.

The principal symptoms developed by these provings seem to point to Rheumatism, where the pains seem to be of a partly neuralgic nature.

Great nervousness and fearfulness. Restlessness. Heavily coated tongue. Nightly exacerbations. The parts affected are sore and swollen. Great irritability of the stomach. Frontal headache. Severe rheumatic pains, worst in right arm and left leg.

When in bed the covers seemed to be too warm, although he would get up and go to the stove to warm himself.

Feeling as if delirium would set in, or as if he would be deprived of his mind.

It has been successfully used in Rheumatism, where the symptoms accorded, and in a case of Delirium Tremens.

A variety of clinical cases have also been presented during the year,demonstrating the use of some of our new remedies, as *Nuphar lutea; Collinsonia canadensis; Aletris farnoisa; Sarracenia purpurea, Caulophyllum; Baptisia* and others.

Cases of treatment of fractured patella, by the use of adhesive strips and of the bones of the carpus and metacarpus, by plaster of Paris, have been presented, as well as an interesting account of the successful reduction, by *manipulation*, of a dislocation of the femur into the foramen ovale.

The officers of the Society are as follows:

President—J. F. Cooper, M. D.
Vice President—M. Cote, M. D.
Treasurer—D. Cowley, M. D.
Secretary—L. H. Willard, M. D.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The Massachusetts Homœopathic Medical Society was organized in 1840, and has had its regular sessions for more than a quarter of a century.

In 1856, it was incorporated with peculiar and valuable privileges, such as will tend to perpetuate the Society. After its

incorporation, the meetings took place for several years but once yearly; now they are held on the second Wednesday of April and October. They are well attended, and usually very interesting.

The Society numbers 119 Active Members, 5 Honorary and 15 Corresponding; a larger number have been added during the past than in any previous year, which speaks well for the progress of Homœopathy in that part of the country. The Society owns a Library of nearly one thousand volumes, and recently acts of incorporation have been obtained for the establishment of a Homœopathic Medical College and an Hospital.

PITTSBURG HOMŒOPATHIC HOSPITAL AND DISPENSARY.

The delegate from this Institution begs leave to report that it is in successful operation. As the object of this report will have been attained, only so far as it imparts information or elicits interest, it is proposed to give a brief history of the inception, consummation and practical workings of the Institution, hoping that the success which has attended the persevering efforts of the few who engaged in this noble work, may encourage others to inaugurate and push to speedy completion similar enterprises on a grander scale, in cities where these powerful Homœopathic engines are still practically ignored.

One year and a half ago, the real estate now belonging to the Corporation, and valued at sixty thousand dollars, was purchased by three Homœopathic physicians of Pittsburg, with the view of at once establishing and ultimately endowing a Homœopathic Hospital and Dispensary.

The purchase effected, measures were forthw
to secure a liberal Charter from the State Le
was granted by that honorable body on the four
A. D. 1866.

The building was remodeled and put in compl
private apartments were carpeted and elegantly
general wards were well fitted up and comple

desirable to constitute a well appointed and first-class Hospital. Supplied with surgical instruments and appliances; a complete set of medicines, ranging from the mother tincture and first trituration to the thirtieth dilution.

A Medical Board, bearing a well earned local reputation, elected from the corporators, eager to test the medicines and vie with each other's skill—the services of Dr. L. H. Willard secured as resident Physician and Surgeon—patients waiting—nurses and employees ready for duty—the building, with its central location, facility of access, commodious, cheerful, well lighted and ventilated wards—in fine, everything inviting and every body waiting—the Hospital was thrown open to the public, for the reception and care of patients, August 1st, 1866, and has been in actual operation for the period of ten months. It is dispensing its blessings to the sick poor gratuitously; to those able to pay, for a mere nominal compensation—while private paying patients are at liberty to employ, at their own expense, a Physician of any other school of medicine.

Thus, while this Hospital was founded and is maintained by, and mainly intended for the patrons of Homœopathy, it is in effect a public institution, open to the entire community and to the whole medical profession. The attention of those who may have in contemplation the founding of charities of this kind, is specially directed to this liberal feature.

The Hospital is provided at present with thirty-eight beds, with a capacity for a larger number when required. By virtue of four single benefactions, (of one thousand dollars each,) that nnmber of beds were declared free during the life-time of the donors; to be occupied only by such persons as they may from time to time elect—provided the persons so designated are adjudicated by the attending Physician to come within the provisions of the Charter and By-Laws of the Institution, and comply with the rules and regulations governing free patients. Of the Library, it need scarcely be said, that desirable books have not accumulated with the rapidity calculated to make a biblomaniac rejoice. The fact, however, is suggestive, and it is hoped may incite a Peabody, or some other body, to immortalize his name, by a munificent donation to this important department.

The general administration of the affairs of the Institution, is vested in an Executive Committee of five, elected annually by the Board of Trustees from its own members; while the Medical, Surgical and Lying-in departments are under the immediate direction of their respective staffs, and are at present composed of the following Physicians, viz:

ATTENDING PHYSICIANS.

H. Hoffman, M. D. — L. M. Rousseau, M. D.
F. Taudte, M. D. — J. E. Barnaby, M. D.

SURGEONS.

J. C. Burgher, M. D. — D. Cowley, M. D.
L. H. Willard, M. D. — J. H. McClelland, M. D.

ACCOUCHEURS.

J. F. Cooper, M. D. — L. M. Rousseau, M. D.

RESIDENT AND DISPENSARY PHYSICIAN.

C. H. Lee, M. D. — C. P. Seip, *Assistant.*

Auxiliary to the Hospital, is the "*Ladies Homœopathic Charitable Association.*" The objects of which are to support the charity patients in Hospital, supply them with allowable delicacies, needed clothing, &c.

This Society, as its name indicates, is composed exclusively of Women—is well organized and effective. Its officers are a President, two Vice Presidents, a Treasurer, Secretary and Assistant Secretary. It also has an Executive Committee, Finance Committee, Clothing Committee, Sewing Committee, District and Visiting Committees. It holds stated monthly meetings at the Hospital, at which the Treasurer and various Committees are required to make written reports. Charity patients are all admitted through its Executive Committee, the Corporation receiving from its Treasury three dollars per week for each patient so admitted.

Over one thousand prescriptions have been issued from the Dispensary and several minor surgical operations performed. One hundred and one patients were treated in Hospital with a mortality of eight. Of the fatal cases, one died of Hypertrofied Liver and Spleen, one of Cirrhosis Hepatis, one of Typhoid Fever, brought to Hospital in a moribund condition, and two died of Phthisis Pulmonalis, in the last stage of the disease when admitted. Deducting the five cases above enumerated as hopeless when admitted, leaves a mortality of about three per cent.

The Corporation rests on a legal basis, guaranteeing all the rights, privileges and immunities enjoyed by any similar Institution in the State. Its Corporators are composed of many of our best citizens. Its numerous Lady patronesses, unwearied in their efforts to make the enterprise, in every particular, meet the expectations of its most sanguine friends. Sufficient private subscriptions and contributions secured to render its financial condition free from present embarrassment—all giving promise of permanancy, prosperity and usefulness.

As an appendix to this report, a few of the cases treated in the Hospital are submitted, as presenting some points of interest.

CASE FIRST.

REDUCTION OF A DISLOCATION OF THE HIP JOINT, BY MANIPULATION.

Mr. G. Aet 40. Native of Germany. Was in good health at the time of the accident. Fell down a coal pit, striking on his right knee and dislocating the Femur, by forcing the head of the bone into the foramen ovale. When brought to the Hospital, the leg was flexed upon the thigh; the thigh turned away from the body and at a right-angle with it. The patient, who was suffering intense agony, was placed on the fioor and completely etherized. The manipulations, as practiced by Dr. Reid, of Rochester, were tried by Drs. Willard and Cowley, but without success. By these manipulations the head of the bone

was brought to the edge of the acetabulum, when it would either slip up on the dorsum of the Ilium or back into the foramen ovale. Having placed the bone in the position occupied when the patient was brought into the Hospital, Dr. Cowley succeeded in reducing the luxation by the following manipulations, viz: Grasping the leg with the right hand, and the limb above the knee with the left, he pushed the knee still further outward, at the same time making the head of the bone rotate towards the pubes *upon* which it rested a moment and then slipped with a snap into its place. A bandage was applied to the hip and the parts bathed with a solution of the first dilution of Arnica. On the third day, Rhus Tox, 6th, was given every four hours, and continued for one week, after which it was given three times a day. At the end of three weeks the patient could walk as well as before the accident. In this case the toes were not everted, a condition described by surgical writers as often following this class of injuries.

CASE SECOND.

FRACTURE OF CLAVICLE IN TWO PLACES.

Mr. L. Aet 25. Native of Ireland. In good health at time of accident. In attempting to get off the cars, while in motion, he fell, striking upon his right shoulder. When brought into the Hospital, the right arm was hanging helpless and powerless by his side. On examination it was found he had sustained a fracture of the Clavicle, near the acromial third, in two places. The intervening piece, by the contraction of the muscles, was drawn upwards, while the external and internal portions were app
pushing the shoul
backwards.

Fox's apparatus
throw the shoulder

The fragments
ner: A figure of
the shoulder well

seat of fracture, kept in place by adhesive straps, the detached piece of bone was held firmly in place. A pad was next placed in the axilla, which forced the shoulder upwards and outward, and was kept in position by a bandage around the body. Velpeau's bandage was next applied, which completed the dressing.

On the second day *Symph, off 6th*, was given every three hours, and continued for one week, after which it was given three times a day for two weeks, and then discontinued. At the expiration of the fourth week the dressings were finally removed, having been renewed twice during the treatment. The bone was found to be firmly united, without any deformity.

CASE THIRD.

DISLOCATION OF THE KNEE—FRACTURE OF HEAD OF FIBIA, &C.

Mr. R. Aet 29. Native Pennsylvania. In good health at time of accident.

Was thrown from a carriage while out riding, receiving the force of the fall on the left foot. When brought into the Hospital was suffering intense pain. The limb presented a peculiar twisted appearance, and on examination it was found he had sustained a dislocation of the knee outwards, the inner side of the head of the Tibia was splintered, the fracture extending to the joint, and the ankle joint severely sprained. In the reduction, assistance was rendered by Dr. Hofmann. It was performed by forcibly extending the leg, (extension being made from just above the ankle and counter-extension from above the knee,) and pressing against the head of the Fibia, when it glided into place. The splintered portion of the Fibia was then found to be in situ.

The parts were bathed with a dilution of Arnica, a bandage applied from the toes to the thigh, to counteract the spasmodic action of the muscles; a splint was applied to the outside of the limb, reaching from the upper part of the thigh to the foot, and retained in place by a bandage made from over the splintered end of the Fibia.

Arn. 6*th*, every three hours was given internally, and continued for one day; on the third day *Rhus Tox* 6*th*, was substituted and given three times a day, for four days, when *Symp, off* 6*th*, was given for ten days—dose every four hours. On the second day the splint was removed and the limb placed in a fracture box, with sand bags to keep it in position. This gave great relief. The bandages were removed every third day and the limb bathed. At the expiration of the fifth week the bandages and box were removed, and passive motion made. A few days after the patient got out of bed, and could walk with the aid of a crutch; and in one week from the time of leaving his bed, the leg had so far recovered as to warrant his removal home, since which time he has recovered perfectly the use of his limb.

CASE FOURTH.

COMMINUTED FRACTURE OF RIGHT CLAVICLE AND FRACTURE OF THE SECOND RIB.

April 11th, 1867. Robert Law, aged 35, a carter, of large frame and very muscular, was admitted with fracture of the right clavicle and second rib, from being run over by a cart wheel. The wheel passed over the body from the left side, across the sternum and right clavicle over the top of the shoulder. The fracture was dressed when he was first admitted by the resident Physician of the Hospital, Dr. Lee, but the bandages becoming loose it was necessary to re-apply them. Dr. Cowley, Surgeon in charge, examined the case, and found that the full extent of the injury could not satisfactorily be made out, as long as the patient was fully conscious; Chloroform was administered, and while under its influence it was ascertained that there was fracture of the sternal third of the clavicle; a fragment of about one inch in length was discovered between that and the acromial end. It was also evident that there was a fracture of the second rib of same side.

Adhesive strips, about two inches wide and one yard long, were applied to the right shoulder, the shoulder being drawn as

far back as possible; the strips were supported by bandages around the body and over the shoulder. Fox's ring was placed around the shoulder, and an oblong compress over the sternal third of clavicle. The right arm was made fast to the body by bandages which were made firm by numerous pins and stitches. On account of the contusion of the different parts, *Arnica* tincture, in water, was applied externally and administered internally. The patient was directed to lie on the back, with the right shoulder hanging over the pillow.

The above apparatus and remedy were continued till April 17, (the sixth day,) when it was taken off. As considerable difficulty had been experienced in keeping the sternal portion of the clavicle in place, the sterno-cleido mastoid muscle constantly drawing it upward, Dr. Cowley, assisted by Mr. Seip, drew this end as far down as possible, held the shoulder firmly back, and moulded a plaster of Paris compress in the triangular depression above. This was fixed in place by sewing it into the bandage, passing under and over it. Adhesive strips were again applied to the right shoulder, and across the back; the axilla fixed and the arm without a pad across the breast. *Symphytum-off*, was applied over the shoulder and breast, and administered internally.

About the 24th, the 11th day, it was found that the bandages were becoming loose, when a large pad was inserted under some of them over the scapula, and made fast by stitches, and the plaster compress re-adjusted. At this time the seat of fracture was examined and a very large callus discovered.

May 4th, (22 days after the fracture,) the bone was found to be firmly united, and on the 6th the bandages were removed.

The case is a very satisfactory one, from the fact of there being no deformity whatever. The fractured pieces of bone seem to be perfectly adjusted, and the man's shoulder is of as good shape and as useful as before the fracture. Whether Symphytum conduced to the speedy union of the fragments or not, is a question which future trials with the remedy may better determine.

III.

REPORT OF THE COMMITTEE ON DRUG PROVINGS AND NEW REMEDIES.

BY W. JAMES BLAKELY, M. D., OF BENZINGER, ELK COUNTY.

As your Committee on Drug Provings and New Remedies, I offer the following remarks. The two subjects embraced in my report, while closely allied, are still sufficiently different to have constituted two separate papers, and would, probably, in that condition, have received much fuller and better attention than I can give them combined. As it is, I shall separate them, treating each one alone, and in the order in which it is named. The remarks which I will make will, most probably, contain nothing new; nothing which is, at present, unknown to the profession, except it may be some ideas of my own; but I shall, at least, attempt to fulfill the duty assigned me.

From the very earliest ages of man we may presume that disease in some form existed, and that necessity, aided by instinct, led to the discovery of certain articles which were employed for its removal. The primal curse which was put upon our first parents, at the time of their banishment from the terrestrial paradise, shows that they were to be left a prey to the action of all the laws of nature. The sentence of Adam, "In the sweat of thy face shalt thou eat bread till thou return to the earth from which thou wast taken," and of Eve, "I will multiply thy sorrows and thy conceptions; in sorrow shalt thou bring forth children," indicates that not only to mental but also to bodily sufferings were they and their descendants to be subjected. In the primitive days of the world, however, we can

easily imagine that frugality and simplicity of life did much towards mitigating the severity of this sentence, and rendered the employment of medical agents of seldom occurrence; but when, through civilization, the habits of man became less active and, through refinement, his manners less rude, diseases became more frequent, and, in consequence, the means for the removal more necessary. Among the ancients, the practice of medicine, when it had become something defined, was seized by the priests for their own aggrandizement, and, being covered with the veil of religion, was shrouded in mystery and superstition. In these hands it was found by Hippocrates who, disgusted with the fallacies with which it had been invested, endeavored to reduce it to something more scientific and rational. Since the time of this reformer, the changes which Medicine has undergone have been innumerable; but these have only been alterations in matters of theory, for until the time of Hahnemann, no real advance was made towards acquiring a thorough knowledge of the properties of drugs.

They were blindly administered upon some vain and unmeaning hypothesis, and to supply the deficiency in knowledge, a mystical cloud was thrown around the Physician and his art. In this, indeed, they well imitated the example of the ancient priests. Medicine was something to be concealed from the public gaze, and well it might, for had it been exposed in all the hideous deformity of its impotency and its horrors, its terror-stricken victims would have fled shrieking from the sight, as did Zelica from the face of the prophet. But when Hahnemann discovered the law of Similia, he found that, in accordance with this principle, a thorough and exhaustive knowledge of the properties of drugs was necessary, and that these must be ascertained by experiments made upon the human organism, while in a state of perfect health. This principle has always been fully recognized by his adherents, and is, to a certain extent, by those of the opposite school of Medicine as will afterwards be shown. The only question in regard to this subject is how the provings shall be conducted in order to secure the reliable effects of the articles proved. Hahnemann has left certain rules for our guidance, which are well known to all homœopathic physicians, so well, indeed, that it seems almost a waste

of time to occupy your attention with them. A brief resume, however, of these requirements will not be out of place, and may not be entirely useless.

The first step towards proving a drug is to ascertain that it is pure in quality and that it is the exact article we are desirous of proving, and if it be one of a family, that no mistake be made between it and others of the same. The provers must be many in number, of different constitutions and temperaments, of both sexes and of all ages, in order that the varied and finer shades of action of the drug may be developed, which otherwise might remain concealed. The provers must be in a condition of perfect health that the symptoms experienced may be positively known to be reliable effects of the drug. They must be possessed of intellectuality that they may clearly define the sensations they have experienced and the localities in which they were felt. They should not change their habits of life, but should, while proving, endeavor to mantain the system in its usual condition. The symptoms should be recorded in the order in which they occur and the time of their appearance carefully noted, as well as all circumstances connected with it; every thing must be stated in clear and explicit language, all words of doubtful or hidden meaning being avoided. The object in proving a drug is to obtain its characteristic symptoms, that is the symptoms which give to it an individuality and which distinguish it from all others, therefore, the most minute sensations must not be forgotten, for these may be of the greatest value. We know that all of our principal remedies have many Symptoms in common, and were it not for the characteristics no selection could be made. In commencing the proving of a drug, he who conducts it, should carefully study the different temperaments of his assistants, in order that he may, more judiciously, decide as to the quantity
should receive, as well as to the frequ
These are important considerations, b
equally valuable as provers. Some wi
tible to the action of the remedy while
quality in a much less degree. Wom
erally, be found more susceptible than
to this are frequent and this still mor

sity of careful investigation. With regard to repetition of doses, my limited experience has shown me that the crude drug can be administered more frequently than the potencies, and that its action is more quickly exhausted, while the latter, being more adapted to the finer tissues of the organization, bring out the finer shades of drug action and their effects are evident for a longer time. The question of instituting pathogenetic experiments with potencies is one which has undergone a great deal of discussion and has had its opponents and its defenders. It is generally admitted that many remedies, which in their crude state are inert, must be potentized before being investigated, but that with others only the drug itself should be used. Many of our provings are declared to be valueless on account of having been made with potencies. For myself, I have no doubt of their pathogenetic power in all cases and even of their superiority in some instances. But this question must ultimately be settled and, like others which create dissensions amongst us, the sooner it is solved the better it will be for our School.

The credit of instituting examinations into the pathogenetic properties of drugs, belongs purely to homœopathy in the person of its founder, Hahnemann. It is true that, before his time, attempts at this method of ascertaining the specific effects of remedial agents had been made by persons within the ranks of the profession, but these were of so little importance as to be scarcely worthy of mention. That these efforts, however resulted only in failures, is not, perhaps, so much due to those by whom they were inaugurated, as to the majority of the medical men of their times, who, considering the domain of Medical Science as something too sacred to admit of innovations, persistently resisted all attempts at improvement. Their worst characteristic perhaps, was, that they did not possess that remarkable strength of mind which so eminently distinguished the honored founder of homœopathy, who stood firm as the rock of ages and scornfully defiant of all the assaults of his enemies. They yielded to the demands of an insolent and selfish majority, he, standing alone and conscious of right, successfully defied and overturned the errors of ages. Hahnemann did not arrive at this course of drug testing theoretically, but was led to it by the surer path

of practical induction. He arrived at it only when he saw the futility and irrationality of the prevalent reasoning in explanation of drug action. He saw the absolute necessity of a more positive way of treating disease than that which was based on speculative theories and unsound pathological principles. The explanation of Cullen in regard to the action of Bark gave him the clue to that grand natural law in medicine which he afterwards discovered. This clue he followed, testing drug after drug, until he had completed that work of which it can truly be said, that it is a *monumentum aere perenius*, a monument which will hand down his name to the latest posterity, a monument which will endure when the names of his detractors are buried in oblivion. This work, the *Materia Medica Pura*, contained the first systematic attempt at drug proving and at the scientific and rational collation of their toxicological effects. Its appearance was hailed with about the same measure of delight as was Harvey's discovery of the circulation, or Jenner's announcement of vaccination, and its author received the same kind treatment as was meted out to them. The Allopathic profession, ever jealous of innovators, visited upon the devoted head of Hahnemann, the most furious denunciations, coupled with the vilest attacks upon his work, which they were pleased to consider a tissue of falsities. His principle they declared to be false, and his work a ridiculous absurdity. Truly, the birth of drug proving was amid storms and contentions, and, had not truth been more mighty than error, it would have been strangled almost before it began to live. But Hahnemann possessed, in the highest sense, that spirit of indomitable courage and unceasing energy so necessary in the leaders of great reformations. Driven from town to town, from village to village, by his unrelenting persecutors, hooted and jeered at by the ignorant rabble of the streets, deaf to the pleadings of his often suffering family to yield his convictions to necessity, seeking in vain a place to rest, perhaps to die, in peace, he never doubted the ultimate success of the great principle he enunciated. The brightest page in the life of Hahnemann is that which records the noble and unswerving constancy with which he adhered to what he knew to be truth. Far above all his services to mankind, great and incalculable though they be, is the firm and unshaken determi-

nation to adhere to his principles, though suffering, poverty, aye even martyrdom, were presented as the alternative. This will endear him to generations yet unborn, this will make him immortal. The example of the Master was faithfully followed by his earlier disciples, and by others who had been his assistants in his first great work in this department, and new provings and re-provings rapidly multiplied. The names of Stapf, Gross, Bœnninghausen, Hering, Jahr, and many others will form a brilliant galaxy around the head of Hahnemann, and in the annals of Homœopathic literature, will live as the benefactors of a suffering race. The second generation of Homœopathic physicians was not less mindful of its duty than were those of its predecessors, and many valuable additions were made to the Materia Medica. The third or present generation has been still less idle, and so rapidly has the material accumulated that the supply at present in our possession must be immense. Take alone the fragmentary provings in our journals, as well as the most finished productions from the same sources, and volumes by hundreds would be required to contain them. It is, however, worthy of remark, that while physicians of the present generation have added largely to the stock of pathogenetic literature, they have really added but little to our knowledge of Materia Medica, and their productions do not equal, in point of finish or perfectness, those of their predecessors of the first and second generations. I am well aware that many will not agree with me on this point, especially those who believe that our Materia Medica contains much that is false, and that it requires rather purifications than additions; but it is nevertheless true, and will be admitted by all candid men, that there is not amongst us that enthusiastic devotion which so eminently characterized our predecessors, which transformed them into heroes, and, had it been necessary, would have made of them martyrs, and without which our labors will ever remain inferior to theirs. As honorable exceptions to the great mass of provings of late years, I might mention several which seem to have been tested in accordance with the principles of our school. The proving of Cactus Grandiflorus deserves to come under this head and promises to be of great service. The American Homœopathic Review was noted for its constant efforts to furnish only finished

productions, and its discontinuance must be regarded as a great loss to us all. The Hahnemannian Monthly, although a young Journal, has given us several excellent provings, among which I must notice that of Hydrastis Canadensis, made by the students of the Homœopathic College in this city. Prof. Lippe deserves the thanks of the profession for rendering available the clear heads and willing hearts of his students. Were the young men of all our Colleges to form regular Provers' Associations under the direction of their chairs of Materia Medica, we would every year have several thoroughly proved or re-proved remedies. We have lately had two fragmentary re-provings which deserve a passing notice in this place, because the subject which they represent is one of importance and must some day receive our attention. I refer to the re-provings of Lachesis and Camphor made by Dr. Fincke with his highest potencies, the value of which, however, is nullified by our non-acquaintance with the strength of the potency employed. Having seen, then, that we have a large collection of pathogenetic literature in our possession, the questions which most seriously arise before us are these: "*Is this mass of material available to the physician? If available, does it assist him in his choice of a remedy?* and *if not available and not useful, should not some measures be adopted to remedy both these evils?*"

The first of these questions must be answered in the negative for the following reasons: The greatest portion of our pathogenetic literature, especially that of late years, is contained in our Medical Journals, which are published in many different languages, and are not available to many of our physicians on account of their non-acquaintance with foreign tongues. Again, but few, I think, of our physicians take all the Journals which are published in our own language, and the provings contained in the publications which the physician does not take are, of course, lost to him. Those Journals which he does receive come to him monthly or quarterly; the provings they contain are in detached portions, and in that condition are uninteresting, and are usually laid aside, after a hasty perusal, to be read when the other numbers arrive and the proving is completed. This generally ends its study, for when it is once laid away upon the shelves of his library it is but unfrequently taken

down again. I would not be understood to infer that this is a result of apathy or of indifference to the study of pathogenesis. I believe it exists simply because the provings which are constantly published are not presented to the profession in a form suitable either for study or reference.

Having seen that the pathogenetic literature in our possession is not available to the physician, our second question: "*If available, does it assist him in his choice of a remedy?*" awaits an answer, and this also, I think, must be in the negative, for the reason, that the greater portion of the provings published are merely fragmentary; they each represent the symptoms of, perhaps, not more than one individual; they are made in a loose and careless manner and without any regard to those rules which should guide every prover when he wishes to ascertain the true effects of a remedy. They are, in every respect, incomplete, and, in many cases, unreliable, and, by no means, present a fair portrait of the drug whose results they pretend to be. For these reasons they do not assist the physician in his choice of a remedy, for he, to successfully and, therefore, homœopathically, apply a drug in a given case of disease, must have its true and entire pathogenesis, otherwise his administration of it is only empirical.

I have shown, I think, that the greater portion of our provings are neither available nor useful to the physician, let us, therefore, proceed to consider and answer our third question, which reads: "*And if not available and not useful, should not some measures be adopted to remedy both these evils*"? This question, I think, all will answer affirmatively. But before considering what should be done to remedy these defects it may be well to cast a retrospective glance upon what has been proposed and what has been done.

At the meeting of the American Institute of Homœopathy in Cincinnati, I think it was Dr. J. P. Dake who proposed requesting the Government to make a grant of lands from the proceeds of which a Provers' College should be erected and sustained. This plan is worthy of your consideration. Our Government has millions of acres of which it frequently gives away lavishly, and of which it could certainly spare a small part for the promotion of Medical Science. Nor could it properly be claimed

in opposition to such a request that it was to further sectarian medical principles, for we find that the members of the Allopathic school are, at last awakening to the importance of making researches into the pathogenetic properties of drugs. In the British Monthly Homœopathic Review we read: "It is essential to homœopathy that the modes of action of drugs upon the healthy man be fully investigated. HAHNEMANN, though not the first to propose such a method of studying the Materia Medica, was unquestionably the first to carry it out in any considerable degree. That the physiological action of a drug must be determined before its therapeutic uses can be stated, before it is possible to prescribe it as a remedy, is a doctrine without which homœopathy could not exist, one that has been maintained with uniform steadfastness by all homœopathic practitioners from Hahnemann to those of the present day. This principle we now find to be admitted by men of eminence in the world of medicine, outside the pale of homœopathy. Dr. Ackland brought before the Medical Council at its last meeting, a proposal to grant a sum of money to be expended in making researches of this kind. Though his efforts failed, they did so simply because the Council deemed that they had no power to vote money for scientific purposes. The discussion which took place drew forth a general admission that such investigations ought to be made, that they were of first rate importance in the study of therapeutics. Dr. Bennett, in his address to the members of the British Medical Association, forcibly insisted on the necessity of re-investigating the properties of drugs in a physiological manner. Our colleague, Dr. Sharp, in an admirable paper read before the physiological section of the British Association for the Advancement of Science, supplemented, as it it were, Dr. Bennett's address, by pointing out in clear and definite terms the method by which the *modus operandi* of our drug-remedies can alone be ascertained. To contribute towards supplying the want so largely felt and so well expressed, the British Medical Association has offered the *Hastings Medal* for 1867, for original research on some therapeutic agent: and has besides voted a small sum of money to aid Professor Bennett in making researches into the action of mercury upon the lower animals. Let but the physi-

ological study of medicines be set about in thorough earnest, with the self-denying zeal of HAHNEMANN and his early disciples, and the general recognition of the law of *similars* cannot be much longer delayed."

In another number of the same Journal, the editor, referring to this subject, says: "There was a unanimous opinion on the part of the section, that the failure of the application was much to be regretted, but that Dr. Ackland should pursue the same course, until pressure from without led to a more satisfactory and scientific decision on the part of the Medical Council." This expression, "pressure from without," has a significant meaning for homœopathy, but in the mouth of an allopath it becomes doubly important. It was this same "pressure from without" which forced our elder brethren to so far modify their practice that if Cullen, Brown or Broussais were to rise from their graves they would not recognize in the allopathy of to-day, the system which they taught and practiced. And now they desire that outside pressure may force the Medical Council to grant them means to make those very investigations which Hahnemann instituted eighty years ago, and for which he was derided as a madman and a fool. Truly, the world moves. But seriously, we find in this movement much cause for congratulation. It is but seldom that a great reformer receives, during his lifetime, credit for his labors, but succeeding generations, either through inclination or necessity, render him that honor which their predecessors had denied. Thus will it be with Hahnemann, and though Hippocrates may be styled the Father of Medicine, he will be more honored in being accorded the title of REGENERATOR.

In our own country the American Prover's Union has been long in existence, and great credit is due to its members for their endeavors to increase our knowledge of pathogenesis, although I do not think their efforts have been productive of all the good which might have been accomplished. In extenuation of this I must say, that I do not think this association has ever received the hearty co-operation of the profession. Had this been otherwise its results would, doubtless, have been far different. And this opinion is verified by the words of the Committee of Publication, who, in the preface to the provings

of Ferrum Metallicum and Mercuribus Iodatus Ruber, speak as follows: "The American Provers Union regrets that among the many thousand Homœopathic Physicians in the United States, only ninety seven have joined in the laudable enterprise of proving and re-proving the many medicines composing our Materia Medica—but hopes to have, ere long, a large accession to its ranks of devoted provers, in which event, the result cannot but be beneficial to all." To those physicians in our ranks who delight in constantly deriding such institutions as the above, and who, while calling themselves homœopaths and followers of Hahnemann, prefer, for their guides in the treatment of disease, empirical prescriptions rather than thoroughly made provings, I would recommend the consideration of the above words. Did they lend their assistance to, instead of deriding, them, the advantage would be in their favor. The North Western Provers Union is a young and healthy organization, and will no doubt add materially to our knowledge of Materia Medica. In Europe, especially on the Continent, the work of drug proving has not been neglected, and the profession in those quarters exhibits a lively interest in this, our most important department. But their labors, as I have already said, are lost upon the majority of our physicians, from their non-acquaintance with the different languages in which they are recorded; and this brings us to the consideration of our third question: "And if not available and not useful, should not some measures be adopted to remedy both these evils?" As I have said, I think all will unite in answering this question affirmatively; we will all agree that something should be done, let us then select some plan, and let all unite in sustaining and carrying it out. There is an old, much quoted, but very true proverb, which says, "In union there is strength." We have provers enough in our ranks who furnish us with the results of their labors, but whose efforts become v
are not united. To remedy this evil, I s
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its beneficial effects will very soon be mad

Let the Pennsylvania State Medical S
meeting, invite the Amerian Institute of
sider, at its next session, the propriety an

lishing a department in the Institute to be called the "Bureau of the American Provers Union," this Union to be a mythical body represented by its bureau. The members of this bureau to consist of not less than five, to be elected annually at the meeting of the American Institute, and to be resident in that city in which the meeting of the Institute shall next be held subsequent to their elections. (See note.)

Let the Pennsylvania State Society, furthermore, suggest to the physicians of the several states, the propriety of organizing State Provers Unions, each to be a branch of its respective State Society. The State Provers Union shall be controlled by a bureau elected annually at the meeting of the State Society and shall be resident in that city, which the State Society shall select. Each bureau shall appoint every year, at its meeting, one drug to be tested by all its members, and shall specify the manner in which each proving shall be conducted. The bureaus shall be the points to which the reports of Provers shall be sent; they shall here be arranged and forwarded to the Rresident Bureau of the American Provers Union, whose duty it shall be to add to each drug thus recieved, all reliable provings or other reliable knowledge relating to it, both from foreign and domestic sources, and to publish them every year for the benefit of those who have participated in the work.

In this way we would have, every year, at least twenty thoroughly proved drugs which might safely be relied upon in the treatment of disease, while the thousands of fragmentary prov-

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NOTE.—In recommending to the Institute the organization of the "Bureau of the American Provers Union," I forgot that there at present exists in the Institute a "Department of Materia Medica." But in favor of the plan that I have suggested, I must say that this department depends entirely upon voluntary contributions; and, while it will certainly be productive of good results, there is not that incentive to action which would result from a regular organization such as I have proposed. Twenty regular State Provers Unions, sending every year twenty different pathogenesis to the "Department of Materia Medica," would result, I think, in giving us better, more thorough, and more reliable provings than the same Department could furnish from the voluntary contributions of all the Physicians in the country. Thorough and perfect organization is the basis of success in all undertakings, and no undertaking can be more important than that upon which I have written.

ings which flood our Journals and which, of themselves, are of no value whatever, would be made available when they were found to be reliable. To effectually inaugurate this movement, should my proposition be deemed worthy of adoption, I would suggest that this Society, at the present meeting, proceed to organize the Pennsylvania State Provers Union, which shall be a branch of the Pennsylvania State Medical Society, and which shall be controlled by a bureau, the members of which shall be elected by the society at each annual meeting and which shall be resident in the city of Philadelphia. Having accomplished this much ourselves we will be in a better position to present the project to the physicians of the country for their consideration, and they will be more apt to follow our example. Of all the single or fragmentary provings which have been published during the last twenty years, I believe scarcely any are used. The physician in his need invariably refers to Hahnemann or Jahr for information, plainly showing a want of confidence in later productions. Hahnemann left us a Materia Medica completed within a few years of his life, and the thousands of homœopathic physicians who have lived since his time have produced nothing to equal it, for it forms the basis of all the works which have subsequently appeared. This purely and simply proceeds from a want of organization, for we have men enough in the profession, men talented, capable and willing to engage in the good work, but whose efforts being undirected, become valueless. Then let us delay no longer, but adopt some plan which will remedy these defects. Let not the ages of homœopathy descend from golden to silver, and from silver to brass, but let us, while reverencing the works of Hahnemann, so strive as to bring them to that perfection which he would have wished to see; and while we acknowledge no distinction between Homœopathy and Hahnemannism, let us not carry the idea so far as to believe that our immortal founder has done everything and that it behooves us only to avail ourselves of his efforts and profit by his labors. Such an idea would be fatal to our system and would be far from following his example, who almost to his last moment, labored to bring to perfection the great work of his life. What a magnificent spectacle would it not be to see all the physicians of this great country engaged in that one grand

work; what a noble monument to science would result from their labors, and with what honor would their names and their work go down to posterity. At the risk of being considered tedious, I must, before leaving this part of my report, urge one other reason, and a very important one, why some measures should be taken in this direction. That the practice of homœopathy is not as pure as it was in the time of Hahnemann, must be admitted, as well as that physicians of the present day are not as successful in treating disease as were their predecessors. This results from an abandonment of the rules which Hahnemann instituted, than which none better could be obtained. In looking over our Journals we find them almost filled with reports of cases, the majority of which are perfectly useless to the profession. Of what value is it to the physician to know that another cured a case of Scarlatina with Belladonna, or of Tonsillitis with Mercurius? And notwithstanding that our Journals are filled with these cases, the profession, like Oliver Twist, is constantly crying for "more." Should any one ask: Are these remarks pertinent to this report? I will answer that they are eminently so, for the following reason: This constant craving for clinical cases indicates a depraved taste: it shows that homœopathic physicians of the present day do not so much select their remedies according to the provisions of our law, but according to the clinical cases of others; it shows a relapsing into routinism which if encouraged would quickly lead us to the point where Hahnemann commenced his labors. A correspondent writing to the Ohio Medical and Surgical Reporter says: "Pray do not bore us in every number with theory. Give us something practical, or nothing at all," and one of the editors admirably answers him as follows: "Words are curious things. Perhaps we are misled by them as often as we are instructed. What are theories? Worthless pictures of the imagination. What are facts? Tangible or positive matters upon which we may rely with certainty, and be guided with safety. So, perhaps, our correspondent thinks; so, at least, the world thinks. But theories are the highest forms of fact. They are to truth what the mind is to matter. The only absolute evidence of its existence. Strip the world of its beauty and science of its theories, and both would alike repel by their naked ruggedness.

Theories are facts ranged into form and classified. Webster says they constitute a philosophical explanation of the phenomena of nature. How then can we dispense with them?" By theory these gentlemen understand the word not only in its usual application. They include under it everything which is not absolutely what they call practical. Pathogenesis is to them a theory, and its study is far less agreeable than is the study of the clinical cases. Should some plan be adopted to bring our pathogenetic literature before the profession in a more available form than at present exists, this tendency might be checked, and, perhaps, in time would disappear.

NEW REMEDIES.

The question of New Remedies is a very important one to the homœopathic profession, and, withal, so simple that it might be dismissed with a very few words. Connected with it, however, are certain circumstances which so change its complexion as to entitle it, at the present time, to more extended consideration. These circumstances are, the manner in which New Remedies are being introduced into the profession, and the manner in which they are being used. As is well known, we have in our possession a large number of well proved, well tried remedies upon which we can rely in the treatment of disease. These remedies have so far proved all-sufficient for our wants, and with them we have successfully combatted the severest forms of disease. These remedies have proved curable not only in those affections which existed at the time the provings were made, but also in those which afterwards appeared. Asiatic Cholera, Diphtheria, and Cerebro-Spinal Meningitis are instances of this. They were mainly proved in Germany, and yet have proved curative upon persons of other constitutions and in other climates. All these and many other circumstances connected with the old remedies, should be thoroughly considered, and should render us careful lest we neglect them in employing others of a later date.

There is also another phase of the question worthy of our fullest consideration, and that is, whether we have yet ascertained, in its entire extent, the sphere of action of our old remedies; whether, having been found so valuable in many affections, there may not be found powers within them with which we are yet unacquainted. This, then, suggests another question, whether our time would not be more profitably employed in reproving them, knowing them to be valuable, than in investigating newer articles whose claims rest on but a slender foundation.

Still another question suggests itself, and this also seems to me important, whether it is not possible for us to have too many remedies, and by distributing our study over a field too extensive, to acquire a thorough knowledge of none. Some may answer immediately that it is not, that our weapons cannot be too many or too varied, that the greater our means of attack and defence, the greater will be our chance of success. I have not sufficiently digested the subject to enable me to form a positive opinion, but I believe it to be worthy of your attention. All these points must be considered in treating the subject of New Remedies.

I said a short time ago that this question in connection with homœopathy was extremely simple. In accordance with our law, all remedies, before being used in the treatment of disease, must undergo a certain process. They must be thoroughly tested upon healthy persons and their pathogenetic effects ascertained to the fullest extent. Nor is it sufficient that a remedy be proved upon one or two persons; a large number of both sexes and all ages is required to carry out in full the spirit of our law. This is simple and yet absolutely necessary. That these conditions have not always been complied with, is unfortunately the case. I need not mention the many fragmentary provings with which we are constantly presented; it is patent to all that they do not embody the necessary requirements. The only extensive compilation of New Remedies *par excellence* with which we have been presented is the work of Prof. Hale. It has been before us for some time; it has received the commendations of men eminent in the profession; our strictest Journals have praised it, and physicians largely use it. More-

over, it has reached a second edition, and comes to us revised and enlarged. Let us examine whether this work comes up to our standard. In the first edition, containing forty-four remedies, I can count but thirty-eight provers. In the second edition, enlarged and improved, and containing seventy-nine remedies, there are only two hundred and thirty-one—not provers, but—contributors of all sorts. Now if these two hundred and thirty-one were provers, it would be an average of less than three for each drug, a number by far too small to agree with our idea of well proved homœopathic remedies. As a work intending to bring these New Remedies to the notice of the profession it will be valuable, and the remedies themselves, when thoroughly proved in accordance with the strict rules of our art, will be important additions to our Materia Medica. I believe that many physicians, in their enthusiasm with regard to this new work, have gone far beyond what Prof. Hale himself intended. His idea, undoubtedly, was to bring the new remedies before the profession, with all the knowledge at present possessed of them, in order that further investigation might result in the entire development of their powers. But these gentlemen go farther. They would have us believe that with this work, and the remedies with which it treats, the very Augean Stables of disease can be cleansed. They claim that it should be placed side by side with the works of Hahnemann, nay, more, that these remedies should supersede the old as soon as practicable. But to supplant these time-honored agents, twined around as they are with old and cherished memories, rendered almost sacred by the associations with which they are indissolubly linked, seems like the severing of the ties of the nearest and dearest. And yet they would have us cast aside these dear old friends whose names have become to us as "household words," cast aside this legacy, the fruit of days and nights of sleepless toil, put away this birthright which Hahnemann bequeathed to us, and take, in its stead, these creatures of a day, these remedies of which but a short time ago we knew nothing, and of which now we know but little. In this way, through no fault however of Prof. Hale, who deserves all praise for his labors, I think this work has exercised an influence more for evil than for good upon many in the

profession, by leading them away from well proved and well tried remedies to these, none of which are thoroughly proved and many of them not at all.

The *fundamental principles of homœopathy* are: *The law of cure, the single remedy*, and the *minimum dose*. Under none of these can the homœpathician make these remedies available. He cannot under the law of cure, because, as we have seen, they have not been investigated or proved under its provisions, which require that a remedy before being used therapeutically shall be thoroughly and entirely tested. He cannot under the principle of the single remedy, because, not having been perfectly and entirely proved, their indications are not sufficiently precise to enable him to select any one of them in any case of disease, and from the foregoing, it must follow that he cannot give the minimum dose, but must administer a quantity of the crude article or of the lower attenuations in order to cure, not by homœopathic, but by a species of revulsive action. It follows, then, if my logic be correct, that the "New Remedies," as already proved, are not available in homœopathic practice, but are hurtful, by being brought before the profession in a crude and unfinished form. Does it follow, then, as a natural sequence, that we shall never use any new remedies, but that we must, *ex necessitate*, adhere to those which Hahnemann gave us? By no means. We may avail ourselves of every thing which nature and art gives us, but it must first be prepared for us in accordance with our fundamental laws; and if it would rank with time honored agents which have been bequeathed to us, it must be prepared as they have been; it must go through the same process and be obedient to the same law.

I would not have it inferred that the foregoing remarks refer to the remedies treated upon in this work. Some of them have been before the profession for years, and others are highly spoken of in connection with the treatment of certain diseases. *Baptisia* in *Typhoid Fever*, and *Veratrum Viride* in *Pneumonia*, have been highly lauded, though I must say both of them have utterly failed me in every instance in which I have prescribed them. This, however, I do not ascribe to the inertness of the remedies, but more to the paucity of their symptoms, which renders it difficult to determine when and where they are indicated.

Apocynum Cannabinum has gained quite a reputation as a remedy in dropsies, and *Cimcifuga* in the treatment of rheumatism. With *Gelseminum* I have successfully treated cases of infantile convulsions, and have found it very valuable in removing the rigidity of the *Os. Uteri*, so troublesome in many cases of obstetrics. In *Menorrhagia* I have also found it a remedy of value. *Hydrastis Canadensis* I have successfully administered in cases of constipation which seemed to depend more upon a sluggish state of the bowels than upon any diseased condition of the system. *Hamamelis* is well known as a remedy in hemorrhoids; and *Erigeron* for its power of controling hemorrhages. *Eupatorium Perfoliatum* is highly praised in the treatment of Intermittent fever, and *Sticta Pulmonaria* in Catarrh and epidemic influenza. *Iris Versicolor*, *Rumex Crispus* and *Sanguinaria Canadensis*, have been long in use and have not disappointed the expectations of those who introduced them. But these facts, so far from excusing the manner in which these remedies have been presented, only shows the great necessity of their being thoroughly and rigidly investigated. The powers which we have seen they possess, lead us to believe that others are still hidden within them which demand development. The constant introduction of new remedies is, however, undoubtedly to be deplored. Whatever good they may individually effect is more than balanced by the evil influence they exercise upon the profession. They are not thoroughly proved, and yet they are used to the neglect of old and well proved remedies. A writer in the American Homœopathic Review (Dr. Morgan) justly says: "A pernicious disposition with some of us is that insatiable desire for change which allures us to wanderings after new remedies before we know half the old. This over anxiety for new things tends to make us superficial in our study and comprehension of the old. It is more important to the genuine Homœopathician to have a complete knowledge of the pathogenesis of the polychrest remedies alone than to possess smattering ideas of all the roots and herbs in the eclectic wigwam. *Let us avoid using new remedies except where it can be done in strict compliance with our law of indication.*"

This advice is good, but I would even go farther and say: *Let us introduce or use no more new remedies until we have*

thoroughly proved those which we have at present.

And in conclusion, I beg leave to submit the following: When the New Remedies at present known to us, and those which may afterwards be presented to us, are proved under the spirit and letter of the homœopathic law and are valuable in the treatment of disease, we will accept them with pleasure; when they are not, we will reject them, no matter from what source they come.

IV

REPORT OF THE COMMITTEE ON ANATOMY AND PATHOLOGY.

BY JOHN C. MORGAN, M. D., OF PHILADELPHIA.

Heart-Clots—Thrombosis—Embolism.

These subjects have of late awakened much attention among Pathologists.

The ordinary red clots found in the right cavities of the heart after death, are conceded to be due to the mere *stasis* of the blood in the act of dying. But beside these, often associated with them, are found whitish fibrinoid clots, or more truly, deposits, evidently formed some time before death, attached in the ventricular cavities, reaching into all the divisions of the heart, and into the pulmonary artery and aorta, there whipped off to a ragged extremity, or actually plugging up the branches of those vessels, and forming *complete casts* which may with care be removed, and preserved in alcohol.

This form of clot, formerly described as "polypus of the heart," has, as already intimated, attachments, more or less firm, to the chordæ tendineæ and muscular trabeculæ of the ventricles. It is this ante-mortem clot, forming within the heart, which is meant by the term *Thrombosis*. A similar coagulation has been thought to take place in the minute vessels leading from parts suffering gangrenoid degeneration—constituting the *first stages* of "hospital gangrene," according to some—which ushers in the symptoms of so-called "pyœmia,"

and is followed by metastatic abscesses, so-called—the result, as is believed, of the washing off of minute masses of clot, and their re-aggregation in the blood vessels of distant parts. Such masses, Virchow terms "*Emboli;*" the act of washing them off, "*Embolism.*" When so deposited, these masses, or *Emboli*, undergo central softening, and present a deceptive appearance of suppuration; whence the name—"metastatic abscess." It is most probable that in these cases, not only the veins, but the lymphatics, are the channels of *Emboli.* Again, masses of some size, becoming attached, and as it were, entangled, so fast as formed, (*i. e.*, the first variety,) in the muscular trabeculæ of the heart; and appearing exteriorly of more dense texture, undergo central softening, as in metastatic abscess; constituting what are known as "globular clots," or "puriform cysts."

They are formed mainly of cacoplastic fibrine, and under the microscope present white blood-globules, and hematin, with fibrine in a condition of "fatty degeneration."

The cause of such clotting is two-fold. First, the proximate cause is supposed by some to be inertia of the organs of circulation,* promoting coagulation by stagnation. Secondly, or rather, antecedent to this, and perhaps all-sufficient in itself, is a deficiency of free alkali (ammonia,) by which the fluidity of the blood is normally maintained; this deficiency being ascribed either to drainage of the serum containing it in solution, as in cholera and diarrhœa—(doubtful, as it occurs often, without such antecedents,)—or to deficient tissue—changes in the organism, and so, deficient generation of ammonia—or to the formation of free acid in the blood, neutralising the alkali.

In all cases, however, the prominent general condition is one of DEVITALIZATION.

Aneurismal sacs may, often do, obtain laminated deposits of clot-like matter—known as "aneurismal clots." Fibrinous "vegetations," as all know, accumulate upon the valves of the heart, in rheumatic Endocarditis. Any of these may in like manner give rise to Emboli.

When emboli of some size are detached from the valves, &c., skillful auscultation has enabled the physician to diagnosticate

*As (according to Prof. Meigs,) in Syncope of puerperal women.

the fact by the altered murmurs. In one such case paralysis supervened, and was traced after death to white (fatty) softening of the brain; and the artery which led to the spot—the middle cerebral, was found to contain an embolus of considerable size, which had cut off its nutrient current of blood from the diseased part of the brain—whence the degeneration and softening.

Emboli deposited in a large artery result in gangrene of the member; which, however, is not common. Inflammation of the pelvic organs in puerperal women, according to Prof. Simpson, may obstruct the iliac arteries, apparently by producing fibrinous deposit, from extension of the inflammation—the nature of the affection being very different, though in results, similar to Embolism.

To recur to Thrombosis of the Heart—"Heart-Clots." It has been so frequently observed, of late, that it forms one of the most interesting and practical topics in the domain of Pathology. It is exceedingly fatal in its effects, and often causes *sudden death* during convalescence from debilitating diseases—as after Typhoid Fever, Scarlatina, Diphtheria, and even Pneumonia. There is also a similar result seen in some cases of great privation, exhaustion, and exposure, with mental depression; having often occurred among the troops on both sides, during the recent war—the *disease* being usually recorded as "general debility," which is its most striking symptom. Surgical shock is also a probable cause, as after operations with chloroform.

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distinctly appreciated during the systole, and toward the apex and left side of the heart. Pulsation may exist in the jugular veins.

Death may supervene gradually, with paralytic symptoms, from white or "fatty' softening of the brain, due to occlusion by embolus of a cerebral artery, or from the slow obliteration of the calibre of the great vessel, causing arrest of circulation; or suddenly, during an aggravation of the local, especially the suffocative, symptoms—sometimes, even when the diathesis has yielded, and there seems a good prospect of recovery.

After death, the arachnoid membrane of the brain is also often found opaque, and serum and lymph are effused. The sinuses of the dura mater may contain long whitish clots, partially filling them.

It is certainly very remarkable that after death from Congestive Fever, the same lesions are found.

In cases of supposed "Thrombosis of the Heart," if no clots be found in that organ after death, it does not follow that there have been none—for, by embolism, they may have been detached, and carried elsewhere. The pulmonary artery and its branches ought especially to be examined, in cases of sudden death; and the arteries of the brain, likewise.

Therapeutic suggestions are derived from the clinical observation that antiscorbutic diet favors the removal of the diathesis which attends Thrombosis—good diet being an essential of treatment. The effervescing Citrate of Soda, with excess of Citric Acid, has been followed by like results; probably Lemonade would be all-sufficient. Thrombosis has caused death during the administration of Aromatic Sulphuric Acid, which suggests its homœopathicity. *Kali bich.* 200*th*, has been followed by improvement, when a cough coexisted, demanding that drug,—raw beef and white sugar diet—or the "Damascene Preserve," being also used. A full recovery, indeed, has taken place, in this case—one of surgical operation.

Carbonate of Ammonia is also suggested by chemical considerations, *i. e.*, when clotting has occurred; as a resolvent.

V

REPORT OF THE COMMITTEE ON SURGERY.

BY BUSHROD W. JAMES, M. D., OF PHILADELPHIA.

There was a period in the history of Surgery, and even in very modern times, when the groanings of the suffering patient were sounding in the ears of the operator, and the writhings of the afflicted one were appealing to his keen sensibilities at every stroke of his bistoury, frequently thrilling his very soul with sensations of pity, and often, in this way, overcoming his better judgment and compromising the operation, if not hazarding the life of the patient. But now, through the agency of a more enlightened science and art, the individual, no matter what be the form of his operation, may be placed in an artificial somnolency, and while lying in a calm repose, or dreaming pleasant and beautiful dreams, the most tedious and the most serious operations performed, leisurely, with greater care, and perfect complacency, without any sensation of pain being experienced, and without the patient witnessing the horrid spectacle, to him, of a bloody operation in major Surgery. The introduction of a more rapid and safer anæsthetic than either Ether or Chloroform, in the form of Nitrous Oxide Gas, was quite an advance step when it was applied to use for Surgery proper. And now within the last year and a half, the development of the means of producing loss of sensation, only in the parts to be operated upon, by throwing the spray of any very volatile liquid very rapidly upon them by what is called "Local Anæsthesia," is another progressive step and a wonderful improvement

over former agencies for this purpose, and one which does not in any way risk life, as the vital organs are not influenced by its application.

The horrid smell of charred tissues from the "burning-iron," used in the actual cautery for arresting hemorrhage in operations, no longer pollutes the operating room, having long since disappeared, yielding to the silken thread the right of superiority, and tying of arteries with the silk ligature is at present giving up considerable of its glory to the accupressure needle; but, I think, however, without due merit, for the principle on which it is applied will not in all cases meet the object desired as effectually and permanently as the silken cord. For temporarily arresting hemorrhage while the operation is going on, the "Serrefine," or untempered wire twisted into such a shape as to be readily applied to the extremity of a severed artery, and clamped there tightly, has of late years been introduced, and answers an admirable purpose.

The mode of reducing dislocations by the violent pulling and tugging at the disjointed member by frequently several assistants, and the more inhuman mode of traction by means of the "cord and pully," to overcome muscular power in these oftentimes difficult cases in Surgery is fast becoming extinct under the use of proper manipulation of the dislocated bone in accordance with a more full appreciation of the functions of the various muscles acting upon the affected parts. The principle on which this result is so easily accomplished is to make the limb act as a lever in getting the head of the bone in proximity to its natural socket. Then call into play these muscles that draw the bone towards the socket, while those that act in an opposite direction are as far as possible kept relaxed—care being taken to get the head of the bone into a position corresponding to the capsular ligament where it has been ruptured in the dislocation.

For fractured bones, and for various deformities, new forms of splints, splint materials, and apparatus, are constantly coming into use, superseding the more clumsy and less scientific forms; and among those that deserve special mention, we will note the Vulcanized Rubber, and the numerous appliances manufactured from it. The most difficult cases of fracture can be

treated with the greatest degree of satisfaction, inasmuch as it can be adapted to any inequality in structure, and yet preserves its firmness; can be quickly shaped for the case, and acts as an external defence as well as support to the injured bone. It is also an admirable material for protecting soft exposed tumors, and trephined cases, as well as acting as a support to weakened joints.

In Aural Surgery, as well as in Opthalmic Surgery, new and improved operations are likewise being brought to light, and in ordinary general operative Surgery, the many operations that are considered standard ones, are ever being modified and changed for the better, but a detailed, or even a brief description of them could not be here undertaken.

The replacing of an artificial *Membrana Tympani* for a rupture of the natural one, by which a normal power of hearing is obtained, is decidedly a great gain in the aural branch of Surgery, and brings about results which surgeons in former times considered impossible.

Without viewing the whole field of surgical science and art, for its improvements, I offer these as illustrations that great progress and reform is constantly going on in Surgery. But the grandest triumph that Modern Surgery has received is the application of Homœopathic Remedies to the treatment of operated cases, whereby the dread enemies that Allopathic Surgeons fear in their hospitals, Erysipelatous Inflammations, and Hospital Gangrene, are rendered as mild and manageable as any ordinary acute malady, and the destructive sway of the otherwise fatal malady is arrested in its onward progress, thwarted in its purpose,and the tide of health made to flow back through its accustomed channels. We have great reason to hope, from past experience in treating such cases homœopathically, that ere long remedies for internal use will be brought to light that will diminish, if not entirely obliterate, that list of diseases now called incurables, such as Malignant Tumors, of which Fungus Hæmatodes, Muyeloid, and Encephaloid are fair samples. Much as it has already accomplished, Homœopathy is still in its infancy, and we are not expecting too much when

we hope for it that in the reformation which it has inaugurated in Medicine, all unscientific and barbarous modes of treatment, either in Medicine or Surgery, will be effectually and forever subverted and destroyed.

VI.

REPORT OF THE COMMITTEE ON OBSTETRICS.

BY J. H. MARSDEN, A. M., M. D., OF YORK SULPHUR SPRINGS, ADAMS COUNTY.

The great object of the Physician is, or ought to be, the alleviation of human suffering. This may be more especially said of the Accoucheur, who is called to minister to the necessities of parturient woman. In this case no one should feel satisfied that he has done his whole duty, who simply sits by her bedside an unconcerned witness of her unmitigated anguish, or passes his time in reading a book or paper, till nature, unassisted, has accomplished her purposes, and he is called upon to perform those simple functions, most of which the nurse might perform as well.

Until lately the attempts to alleviate the pains and shorten the duration of child-birth, consisted mainly in manipulations for the correction of real or supposed mal-positions, and instrumental interference, when that was deemed necessary. These will doubtless still continue to be regarded as important resources of our art, and will attain to greater perfection as the mechanism of labor is more thoroughly studied and better understood. But alone they are not of universal application, and without other means, leave many cases unaided, which imperatively demand relief. There are cases of intense suffering, and these often encountered, to which mere mechanical interference can bring no relief.

Every accoucheur will have noticed that a very fruitful source of suffering to the parturient woman is found in the unyielding resistance of the os uteri to the action of the womb, in the indistensibility of the walls of the vagina, and ultimately of the perineum. The first efforts of the uterus are directed to the opening of its mouth through which its contents are to be expelled. In many instances, especially in primiparæ, and still more so, in such who may be somewhat advanced in life, this process is tedious and exceedingly painful. It is mostly in this stage of labor that the patient is most clamorous for something to alleviate her pains.

Is there then no really efficient method by which the pangs of the first stage of labor may be diminished in intensity and shortened in duration? From oft-repeated experiments we think there is—at least one, which if scrupulously made use of, will succeed in a large proportion of cases. This method may be nothing new to many of my colleagues, and yet it may to some. Others again, who have repeatedly heard of it, may have, up to this moment treated it with that skepticism with which the human mind is wont to regard new truths, unless it be something brought to light by beloved self. Similar to the flippant language of the scoffing Roman poet, "*Credat Judæus Apelles, non ego,*" is that with which such truths are again and again repelled. But here, let me premise that I claim no originality in the discovery. It is now many years since I heard of a physician who was in the habit of preparing his patients for labor in the manner I am about to indicate, that is, by giving them twice or thrice daily the tincture of the *actæa racemosa* for ten days or two weeks, or even longer, before their confinement. My trials with this medicine commenced shortly after this period, and since then I have, as doubtless most of you have, met with much said in its praise in this application of it, in the writings of the so-called Eclectic physicians. As yet no notice seems to have been taken of its use preparatory to labor, by any of the writers upon obstetrics of the so-called regular school—at least I have seen none in any work to which I have had access. Of these, some have I known spoken of it as a substitute for ergot, but this is a different application of the drug. For some years I have very generally given the *actæa*,

as above indicated, either alone or alternately with *caulophyllum thalictroides*, whenever my services were engaged sometime before the commencement of labor. My experience in this practice has been in proportion of cases very satisfactory to myself, as well as to my patients. Where the means seemed utterly to fail, the failure might generally be traced to some incidental cause wholly beyond the sphere of the remedy to obviate or remove. I will detail a few cases as fair samples of my general experience.

Mrs. B., a second wife, not before married, probably between thirty and thirty-two years of age, of low stature and stout frame, was taken with labor pains Sunday night—I was called before daylight Monday morning. I found the os uteri scarcely begun to dilate—soft parts all extremely rigid—so tense indeed as to fatigue and benumb the fingers in making the necessary examination. The pains continued constant till Tuesday afternoon, when, apparently from exhaustion of the uterine powers, they subsided, when as yet the head had not escaped through the os. After an interval of an hour or two, the pains again commenced and continued steadily till Wednesday morning, and I think it was not until after midnight on Tuesday night that the os uteri was sufficiently dilated to permit the head to pass. Early on Wednesday morning the uterine contractions again ceased, and as ergot failed to restore them, she was delivered with the forceps of a living child. A good recovery followed.

The same lady again became pregnant in about a year after the birth of the first child. About two or three weeks previous to her confinement I gave her the tincture of actæa racemosa, alone, to be taken thrice daily till her confinement. Labor pains came on in the forepart of the night. The messenger dispatched for me arrived at my house a little after midnight, but when I reached the patient, I found to my surprise the child had been born about the time the messenger had called upon me, or very shortly after.

A third confinement occurred to the same lady, and at about the same interval. For some reason I did not give her at this time the medicine above indicated before labor. She was taken sick on Sunday morning, probably about 8 o'clock, for I was

summoned about ten, and the child was not born until 4 o'clock P. M. In this case there was no mal-position to cause delay, and the pains were as strong as usually found to be. Nor was there any difference in the size of her children to account for the unequal duration of her labors, nor any other apparent cause to which it could be rationally referred, if not to the action of the medicine.

The second case is that of a young married woman, Mrs. G., of small size, nervous temperament, and very subject to neuralgic affections. Her labors were very painful, except when she was under the influence of an anæsthetic. I did not attend her when her first child was born, but she informed me that her pains came on at midnight, and her child was not born till 7 o'clock next evening. Duration of labor about 19 hours.

In her second labor, I attended her, but had not given her the actæa. She was taken sick at twelve midnight. I was called at 4 o'clock A. M. Os uteri scarcely at all dilated. I left her and did not return until about 2 o'clock P. M.—very little progress in dilatation still. A little after dark I administered chloroform and kept her under its influence till the close of labor. In this condition the os uteri dilated more favorably, but the child was not born till a little past one o'clock next morning. Duration of labor, 25 hours. Here observe the dilating influence of the chloroform is to be taken into the account.

I again attended the same lady in her third labor, prior to which I had administered *macrotin* and *caulophyllin*, morning and evening for about two weeks. She was again taken sick at midnight—I saw her about half past six in the morning, and found on my arrival the os fully dilated. There appeared to be nothing to prevent the immediate descent of the head but the unruptured membranes. Owing to her constitutional hyperæsthesia, she was suffering extreme pain, to relieve which I immediately administered chloroform, and then discharged the waters, when the head rapidly descended, and the child was born ten minutes before 8 A. M.—duration of labor less than eight hours. This, too, was an unusually large child—larger than either of the preceding ones. She had suffered less previous to the inhalation of chloroform than she had during the

corresponding part of either of her former labors. My belief is that the child would have been born before I arrived, had the membranes ruptured at the favorable moment.

The last case which I shall trespass upon your patience to narrate, is that of Mrs. R., an exceedingly delicate woman, accustomed to hard domestic labor, and but little careful of her health. The confinement to which I would call attention was her fifth, and occurred on the morning of Monday, August 20th, 1866. I had given her *macrotin* and *caulophyllin*, morning and evening, for about two weeks.* I was from home when she was confined, and consequently did not attend her. After my return, I called upon her, and requested her to state to me the particulars of her recent labor as accurately as possible. She told me that with her first two children (born before she came into my neighborhood,) she had been in labor two nights and one day; with the third, from 2 o'clock A. M., till late in the afternoon of the same day; with the fourth, from in the evening till 10 or 11 o'clock next morning; but with the fifth, she was taken sick at three in the morning, and the child was born fifteen minutes before eight the same morning—duration of labor 4¼ hours. This, too, she said, was the largest child she had ever borne. She also of her own accord asserted that she had in this instance no "wild pains," but every pain seemed to take effect. To my enquiry whether the attending physician had given her any medicine, she said that he had not, that she had desired chloroform, but he had none. I should have remarked that in her fourth labor, when I myself attended her, I administered chloroform, which I believe contributed to the dilatation of the os uteri, and in her case expedited delivery. Her recovery after her fifth labor above detailed seemed to have been more rapid and perfect than was usual with her.

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* I have generally given from five to ten drops of a saturated tincture of actæa, thrice daily—or twice, if alternated with caulophyllin. Of the macrotin I have used the first decimal trituration, two or three grains per dose—or a trituration consisting of 75 gr. Sac. lac., and 25 grs. macrotin—one grain per dose. Of the Caulophyllin I have used only the first decimal trituration, two or three grains per dose.

In my preparatory treatment of patients in anticipation of childbirth, I sometimes give caulophyllin in alternation with the tincture of actæa, or its representative, macrotin, one or two doses of each per diem. I have never been able fully to satisfy myself whether this practice has or has not any advantages over that of administering the actæa racemosa alone.* There cannot, I think, be any doubt of the stimulating effect of the caulophyllin upon the uterine fibres, but this action seems to be primary. Hence, if the drug be given for some time before labor sets in, there is, I apprehend, danger that its primary action may be replaced by the secondary, and atony succeed to hyperstimulation. Several cases occur to my memory when the caulophyllin had been given for some time, in which, although the os uteri had become fully dilated, the uterine contractions were so feeble as to require the use of ergot. But whether these were cases of the *post hoc* rather than of the *propter hoc*, is somewhat uncertain. I am inclined to think that uterine atony is more common in the region where I practice than in many other places.

In nearly all cases where the actæa, or its representative, macrotin, had been given, I found the os uteri dilate very freely —indeed to be mostly well dilated when I made the first examination. I believe this to be the great excellency of the actæa—its remarkable power to relax the fibres of the os uteri, so that they readily yield to the distending force, and thus save the patient the agony universally experienced where an opposite state of things exist. Hence, too, not only is the suffering for the time diminished, where the actæa is given as above indicated, but the first stages of labor is in most instances greatly abreviated.

Every experienced accoucheur will have frequently noticed, in cases of primiparæ, not nearly so often in those who have

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* Since writing the above, my experience has taught me greatly to prefer using the Macrotin alone—say, Macrotin one-fourth grain thrice daily, taken in a little water. When labor sets in, the os uteri is generally on my arrival, either dilated or dilatable, and if the pains be feeble, I at once administer the concentrated tincture of Caulophyllin, from 5 to 10 drops every thirty minutes until energetic uterine action is established—labor is thus greatly shortened. If suffering becomes intense, chloroform is resorted to.

had previous births, that the perineum, by its great rigidity, opposes a serious obstacle to the passage of the head, and hence causes much delay and prolonged suffering. Any one witnessing for the first time this state of things, upon examination, would suppose that the next pain must certainly effect the extrusion of the head—but another and another follows, each exceeding its predecessor in the torture it inflicts, and the woman is often driven almost to despair, till after long delay, one more dreadful than them all, and extorting from her a shriek of inconceivable anguish, overcomes all opposition, and the head is born.

Without claiming much experience in the use of the article, so far as that experience goes, I am inclined to think *Gelseminum* useful in obviating this difficulty. Where it is apprehended, this drug may be given *during labor*, either alone, or in alternation with any medicine which other circumstances may seem to require. My observations upon this subject, however, have not been sufficiently extensive to warrant me in assuming the attitude of an instructor, but I would most respectfully recommend to my professional brethren the trial of *Gelseminum* in cases of this kind.

Beyond all question, however, the anæsthetic effects of chloroform constitute the most effectual safeguard to this phase of parturient woman's suffering, and as it is encountered only in that stage of labor wherein chloroform, if at all, is indicated, if the suffering is likely to be intense, to that agent, nothing special forbidding its use, we should resort for relief.

I cannot therefore abstain, in this place, from bearing my humble testimony to the great value of chloroform in obstetric practice, as I believe few question it in surgery. In doing so, I am of course aware that I may expose myself to the accusation of introducing into this report, which should be mainly devoted to recent discoveries, a subject which has been before the profession for years. But although years have elapsed since Professor Simpson first used this anæsthetic in midwifery, so slow has been the progress of the great discovery that still in many large towns of education and refinement and extensive intelligent rural districts, the application of it is almost wholly unknown. Many practitioners have never yet made trial of it,

to say nothing of their deep seated prejudice against it. Far be it from me to recommend an indiscriminate use of chloroform in obstetric practice, but from a pretty extensive experience I consider it indicated in the following conditions:

1st. When from pyperæsthesia of the nerves immediately implicated, or of the nervous system generally, or, in short from any other cause there is excessive suffering, rapidly exhausting the powers of the patient.

It is well known to practitioners of our art, that there is a great difference in the sensibility of different women to the pains of labor, or in other words, the contractions of the womb. Some will bear the most powerful uterine action with comparatively little suffering, while others, where the parturient function is performed, it may be with even less activity, are bathed in the sweat of agony. The cause of this difference is not always apparent. Such extreme suffering however is a great evil, and imperatively demands our efforts to mitigate it. Its tendency is unquestionably towards *exhaustion and death.* "We have more than once" says Dr. F. Churchill, "witnessed cases of labor terminated by the natural powers, and yet which left the patient in such a state from the *nervous shock*, that it was doubtful for some time whether she would ever rally, and in one such case death took place apparently from no other cause."

In all such cases the inhalation of chloroform gives *great*, and in MOST, *complete* relief. The agonized features quickly settle down into calm placidity, and the woman falls into a delightful slumber, only partially broken by the approach of the lately *dreaded* pain. Extreme exhaustion, almost certain without the use of an anæsthetic, is thus averted, and a quick and satisfactory recovery almost always secured.

2d. When there is excessive irritability, causing jacttiation, fretfulness, or other nervous symptoms, chloroform is extremely useful. This condition is often attended by irregular and inefficient uterine contractions, and not unfrequently by an inexpressible feeliny of misery. Under the influence of the anæsthetic all this is charmed away,—the contractions become regular and the labor advances in a perfectly satisfactory manner.

3d. When we have reason to apprehend convulsions during the course of the labor, chloroform, I would suppose from what I have seen, is our best prophylactic to ward off this alarming and dangerous complication.

4th. When there is an unnatural rigidity of the os uteri, and of the soft parts generally, where there has not been an opportunity for the pre-administration of the actea racemosa, or where this agent has partially or wholly failed, too much cannot be said of chloroform as a relaxing agent. It has often happened to me to witness after many hours of intense suffering from undilatable os uteri, complete relaxation in half an hour or an hour after the patient had been brought fully under the influence of chloroform. The parts not only become relaxed but lubricated by a copious secretion of mucus, thereby greatly facilitating the passage of the fœtus. Under such circumstances I have seen labor make more progress in an hour or two than had been made during the lapse of many hours, while nature was left unaided to surmount this formidable obstacle. But best of all, while this improvement is going on in the condition of the patient, she is oblivious of all her recent sufferings and insensible to the pangs which otherwise would still harass her—time passes insensibly, "*Beati non numerant horas*" —and she is recalled to consciousness only by the cries of her new-born child—a consciousness sweetened by the reflection that "all is over."

5th. It sometimes happens that the *patient* is extremely *impatient*, and she and her friends harass the attendant for his premature and therefore prejudicial aid. In such cases chloroform judiciously administered completely stops her mouth and quiets the clamors of all around her. Unconscious of her sufferings, she no longer complains of their endurance, and nature is permitted to complete her work untrammeled by the untimely interference of art.

6th and lastly. In all important obstetric operations, as the application of the forceps, turning, craniotomy, etc., chloroform is indicated, unless very decided contra-indicating circumstances coexist.

I have used chloroform in all forceps cases which have
red to me since I first introduced it into my practice, a

never had reason to regret so doing. In my first trials with chloroform in this operation I omitted its administration until I had introduced, adjusted and locked the blades, thus allowing the patient to retain her sensibility and notify me if I had accidentally included any of her structures within the grasp of the instrument. Being satisfied that all was right I would induce anæsthesia as quickly as I deemed prudent and then apply extracting force. But for some time I have omitted this precaution as unnecessary, and I now administer chloroform as soon as the patient is placed in the proper position and the instrument prepared for use. This latter practise has the advantage that the patient generally lies still, (or at least is easily studied,) and thus greatly facilitate the insertion and proper adjustment of the instrument. So great is this advantage, that with the skill every accoucher should possess, and an ordinary amount of care, no apprehension need be entertained of including the maternal parts. When a due amount of chloroform is properly given, the extraction generally so agonizing to the woman, is in most instances altogether painless. Most of my patients have told me afterwards that they knew nothing of the operation, and waked to consciousness only by hearing the cry of their newly born infant. The operation is therefore in a great measure divested of its, perhaps I should say, imaginary horrors, and our reluctance to its performance need no longer cause us to abstain from it, when the welfare of both mother and child seem to demand it.

In the operation of turning, I consider Chloroform invaluable. It not only secures the patient against the inexpressible agony of what Dr. Meigs justly styles "a horrible operation," but by its relaxing effects, it greatly facilitates the introduction of the hand, the securing of the feet, the version and ultimate delivery of the child. We might also add that here as in the forceps operation, the steadiness of the patient affected by chloroform, greatly contributes to the attainments of our objects. I feel pretty confident that versions can sometimes be affected by this anæsthetic, where without it, it would be impracticable. On the 22d of January, 1865, I was called to the case of a woman under the care of another physician, and who had already been in labor many hours. It was about ten o'clock

in the morning when I first saw her, when I was told by the attendant that the membranes had ruptured, at about two o'clock the previous night, shortly after his arrival. The arm and cord immediately prolapsed, and he had made repeated and unsuccessful attempts to deliver the child. After examining the case I proposed the induction of deep anæsthetsia, and an attempt at pedalic version. Some objections were made, but finally waived and we proceeded to execute this purpose. The waters which had been abundant, were completely drained off, the child of a very large size, the womb closely embracing it, a stout arm occupying the vagina, and the shoulder firmly resting upon the os uteri. The original attendant declining to operate, I introduced the left hand, reached the feet, brought them down, and in a few moments effected the complete version and delivery of the child, which I do not believe I could have accomplished without the aid of chloroform. I am not aware that the patient moved or uttered a groan during the operation. Her recovery was entirely satisfactory, and she has since given birth to another child.

Although chloroform has for sometime been used by a considerable number of practitioners in difficult and abnormal labors, yet many physicians, perhaps I might say especially with us, entertain strong prejudice against its employment. This prejudice amongst members of our school arises in part, at least, it appears to me from a mistaken view of the true character of labor. They seem to regard it as at least partaking of the nature of disease, and that therefore all agents employed for the relief of its suffering should be selected upon the ordinary principle of homœopathy, and that therefore chloroform not being homœopathic to the case before them is wholly inadmissible. This I humbly conceive as a mistake. Labor is a perfectly natural physiological process, as much so as respiration, circulation, or any other function of the animal organism. It may be asssociated with a pathological condition, but it is not necessarily so. It is true it has one characteristic in common with most forms of disease, namely, pain, but this is not the pain of disease. If you ask me what then is it? I can make no more satisfactory answer than to say, it is the result of an original law of woman's nature, to which she has been subjected

by the fiat of the great Creator. And if we accept the authenticity of Divine revelation (and I trust we are all sufficiently cultivated in *head* and *heart* so to do,) we may trace it to

"The fruit
"Of that forbidden tree whose mortal taste
"Brought death into the world and all our woe."

It was the curse denounced upon her who in an evil hour and in an act of fatal disobedience, *first* stretched forth her hand to pluck that fruit, "in sorrow shalt thou bring forth children."

Another objection urged against the use of chloroform in midwifery is its supposed danger. This, if it exist at all, must certainly be very inconsiderable—much less than that of many of the common acts of life, such as riding on horseback, driving in carriages, etc., in which we engage without apprehension.

To the affirmations of men in high authority, because of extended experience, I would humbly add my own public testimony upon the very important subject. For years I have administered chloroform in all operative, and in most *every painful* case of natural labor, and have never met with the least occasion of alarm. Nor have I seen any after consequences which led me to believe that the anæsthetic left behind it any injurious effects. It is true we are told that it certainly *does*, only we have not perspicuity enough to see it. After the proper acknowledgment of so great a compliment, I would simply say, that I have made it a practice to call upon every woman to whom I had given chloroform, and closely to inquire into the condition of her health after her recovery, and remember no instance where any permanent injury was attributed to that agent. It is true I did not resort to vivisections, and with microscope and scalpel, search for lesions of which they were wholly unconscious, but when they looked well, and said they were well, I supposed them to be well.

Admitting the occasional fatality of chloroform in surgery, we cannot thence by analogy infer its danger in midwifery. When administered preparatory to a surgical operation, there is often no pain—perhaps great and depressing apprehension or severe shock of injury, circumstances all tending to death, and ever or casually, of themselves capable of producing it. In

labor, on the contrary, there is generally from the beginning the antidotal pain, awaking the patient, at least for some time, upon every recurrence, to semi-consciousness—the inhalations can always be intermitted in the intervals of the pains—the most favorable position is always attainable—that is the *recumbent*, with the head low and the garments perfectly loose, so as to favor free respiration. Other causes of difference may, and probably do exist, of which in our present state of knowledge we are ignorant.

Another objection brought against the use of chloroform is, its supposed effect in arresting the "pains," and thus retarding the labor. That it does arrest or abolish the pain there can be no doubt, but I think it seldom interferes seriously with the *contractions* of the womb. Contraction and pain, although they generally co-exist, are separable and not the same thing. When a strong man attempts to raise a heavy weight, his muscles contract powerfully in obedience to his will, and there is great exertion, sometimes even expressing itself by audible sounds, but there is *ordinarily* no *pain*. So perhaps it would have been in labor, but for that original law imposed upon the female organism by the Creator. The contractions of the womb might have been for aught we can see, as painless as those of the strong man's arms.

Rut whatever theoretical apprehensions may be entertained of the effect of chloroform, in suspending the action of the womb, in practice it is very seldom found to do so. I have not unfrequently, it is true, met with feeble contractions, when the patient was under the influence of chloroform, but I, and every practitioner, has met with the same thing, where no anæsthetic was administered. I have generally thought myself justified, in attributing this feebleness of action to other causes. But even supposing this to be occasionally the effect of chloroform, it is more than counterbalanced by the relaxation it produces. Feeble contractions with relaxation of the soft parts, may accomplish more in a given time, than powerful action when rigidity exists. But if the labor be really retarded by the effect of Chloroform upon the uterine contractions, we have an efficient remedy in the judicious simultaneous employment of ergot. This agent will produce its specific effects, even when

the patient is under the influence of chloroform. A few drops of the tincture may be gievn every five to fifteen minutes, until the proper action is secured. I have seldom used ergot under any circumstances, and when I have thought it necessary to do so, to arouse the activity of the womb, I have always given it in small and frequently repeated doses. In this way we avoid that violent action of the drug so dangerous to both mother and child, and so justly deprecated, and secure simply an increase of the normal contractions. We have by this mode of administration a complete control of the action of the ergot, so that in susceptible subjects we can produce any desired amount of uterine action, and say, thus far shalt thou go but no farther. An infusion of one drachm of powdered ergot in a very small teaspoonful of water, boiled a few moments, strained and given in teaspoonful doses as above, generally answers every purpose.

VII.

REPORT OF THE COMMITTEE ON CHEMISTRY AS APPLIED TO MEDICINE.

BY THOMAS HEWITT, M. D., OF ALLEGHANY COUNTY.

Chemistry, as applied to medicine, has apparently had nothing to do with Homœopathic medicine, except in so far as it related to a proper preparation of our mother tinctures and crude minerals.

How often have we been told that our potentized medicines were incapable of effecting any change in the human system, whether for good or for evil. How often have we had the calculations of Simpson thrown up to us, and that frequently, by men that did not understand them. How often have we felt our cheeks tingle when asked such questions as how much medicine there is in a single dose of the fiftieth potency.

It has been self-evident to all, that our higher potencies have been out of the reach of ordinary chemical analysis, and by being so, have brought ridicule and oftentimes contempt on our profession. We have not been able, really, to give any reason for the faith that is in us, with regard to our potencies, at least any reason that would be acceptable to the public generally.

But I am happy to say that there are great changes going on. The same country that gave birth to our illustrious Hahnemann, gave birth also, to another, whose name will go down to pster-

ity with as great and enduring honors, as any that have preceded him in the particular branch of natural science, to which he has devoted so many years of his life. I mean Prof. Bunsen, of Heidelburg, the discoverer of optochemistry, or spectral analysis. By this discovery of Bunsen, our Homœopathic preparations can be to some extent analyzed, and such analyzation has already been accomplished by Dr. Ozanam, and the results that he gives are very gratifying, when we consider that this part of chemistry is yet in its infancy. He says, in speaking of his experiments with soda, "I then tried several dilutions and obtained certain signs of the presence of soda, not only in the 4th and 5th dilutions, but even in one single drop of the 6th. That drop appreciable by a very delicate balance, weighed 3 centigrammes, consequently, the substance appreciated was equivalent to three hundred millionths of a milligramme, that is a quantity even less than that which should form the 7th dilution.

Prof. Bunsen, in speaking of his experiments with the chlorides of several different metals, says: "We can thus detect the most minute traces of any one of these bodies, if mixed with the largest quantities of any other substance." The delicacy and accuracy of these reactions is without parallel, and may be seen from the following statements. One one hundred and eighty millionth part of a grain of soda can be detected. One one millionth part of a grain of strontia can be detected. One sixty millionth part of a grain of lithia may be detected. One millionth part of a grain of lime may be easily detected. If such is the fact, and the proof seems sufficient to establish it, we can easily dispense with the spiritual theory of our high dynamizations, for we have proof positive that they contain medicine, but in such minute particles that ordinary chemical analysis has failed to detect it; but which is now nevertheless fully demonstrated. I am fully satisfied in my own mind that the further this new branch of chemical science is developed the more it will show that homœopathic medication is in strict accordance with known natural laws, and not only so, but besides taking advantage of all new lights that are developed; in the case of small doses homœopathic medicine is in the advance.

The discovery of Bunsen has produced a great revolution in analytical chemistry, and given importance to hitherto unknown infinitely small quantities.

The discovery of the dinamization doctrine of infinitely small doses, by Hahnemann, forestalled and predicted that of Bunsen. Hahnemann raised medicine to the level of other sciences, by creating for it a method analagous to that of the infinitesimal calculus (limiting ratios) in mathematics; the atomatic and molecular doctrine in chemistry; the theory of the ether in natural philosophy; the cellular theory and microscopic studies in normal and pathological anatomy.

VIII.

REPORT OF THE COMMITTEE ON CHOLERA.

BY J. H. P. FROST, M. D., OF PHILADELPHIA.

In attempting to fulfil the duty of presenting a report on Cholera, which was devolved upon me at your meeting last year, I am met at the very outset with difficulties almost insuperable: difficulties which arise not from the dearth, but from the extent and copiousness of our literature on this important subject.

The history of the rise and progress of the various Cholera Epidemics, which, at successive periods, since the commencement of the present century, have traversed the nations of the earth from East to West, has been related again and again. More graphic pens than mine have recounted the grim array of symptoms, and described the fearful manner in which this fell disorder "goes through" its unfortunate victims. The gloomy bills of mortality have been searched with melancholy assiduity in every land, and ample statistics recorded, of the various results of this disease when left to itself; when treated Allopathically; and when treated according to the Homœopathic method. And all these statistics, collected from a great variety of sources, and most remarkably sustaining the Homœopathic practice, have been repeatedly published for the common benefit of mankind. While physicians with more extended

opportunities for observation and larger experience than myself, have discussed the causes of cholera, laid down the most approved methods of nursing the cholera patient, and detailed the most characteristic symptoms of the remedies to be employed.

Apparently then everything connected with the disease, has already been thoroughly explored and explained. And conscious that I have no new historical facts; no hitherto unpresented mass of statistics; no symptoms before unobserved; no recent pathological or even microscopical discoveries; no "new remedies," with which to enlist your attention, and no wonderful cures with which to exalt myself in your estimation, I have felt that there scarcely remained anything for me to report.

And yet, as we may already discover in the horizon of the future a little cloud no bigger than a man's hand, and as we realize that possibly this small cloud may ere long overshadow our social firmanent with a desolation more widespread and profound than that which visited our country last year;—I have persuaded myself to look once more, if perchance there might not still appear some point, which, presented in another manner and viewed in a different light, might enable you to meet this pestilence, if it come, with a clearer intelligence and a courage more confirmed.

And I propose to invite your attention to some considerations respecting the *essential nature of Cholera*, and to its consequent relation to the Allopathic and to the Homœopathic methods of treatment.

Like other epidemic disorders, the Cholera may be regarded as the result of poisoning of the blood. It matters not what may be the origin or specific character of the poison; whether it consists in malarious effluvia; of inorganic material; of decaying vegetable or animal substances; or of new forms of animate or inanimate life, microscopic fungi, animalculæ, &c., generated from such decay.* And it matters still less whether the poison is introduced into the stomach, dissolved in its fluids, or absorbed with them into the blood vessels of the portal system; or whether diffused through the more attenuated vehicle of the atmosphere, it is received directly into the pulmonary

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* British Medical News and Library, March, 1867.

circulation. The cholera poison, like certain others, may act immediately upon being brought into relation with the nervous system; even as Hydrocyanic acid destroys life instantly upon being placed upon the tongue—before it has been absorbed into the circulation. But for the purposes of our argument we have preferred, at present at least, to consider the poison of cholera as being originally received into the blood, and primarily acting upon it. But every poison, it should be remembered, however introduced into the system in the first instance, primarily develops its morbid action in some particular portion of the economy. Thus the poisonous influence of Strychnine, dissolved perhaps in the stomach, and from thence received into the circulation, is in the first place confined to the motor nerves of the voluntary muscles; the organic nervous system, for a while at least, remaining entirely unaffected. So chloroform, or other anæsthetic, stupefies first the senses, and paralyzes the muscular apparatus supplied by the voluntary nerves; while as soon as the benumbing influence involves the organic nervous system, life is lost from the consequent arrest of the vital and organic functions. In like manner the poison of fecal matter,—introduced into the general circulation through the medium of drinking water, and well known to be most remarkably connected with the extension and fatality of cholera,—primarily exerts its influence in producing diarrhœea. But while this poison causes putrid dysentery and the most malignant forms of typus, it does not of itself produce Asiatic Cholera. It only in the most remarkable manner predisposes to this disease.* In a similar manner, the poison of cholera has its own primary seat of development; and this too is found in the alimentary canal. By this we do not mean to affirm that the influence of cholera poi-

*This poison appears to cause on the smaller scale of the portal system an obstruction of the capillary circulation similar to that which cholera produces on the larger scale of the entire system. In this connection, compare also the general influence which the use of food containing decaying animal matter exerts in predisposing to zymotic diseases. See Carpenter's Human Physiology, chap. iii. And for abundant illustrations of the relation of absorbed fecal matter to cholera, see Watson's Practice, p. 921; Peters on Cholera, p. 46; Braithwaite's Retrospect No.l iv, p. 265, and Brit. and Foreign Med. Chi. Review, No. xxxi, July, 1835.

son is exerted directly from the stomach and intestines; but that in these organs we can usually discover its first objective results. This is plainly seen in the incipient stages of cholera —especially in the milder cases. The same is true in every case of cholerine,—which but presents the initial development of a still more delicate amount of this poisonous influence. A still further confirmation of this appears in the characteristic vomiting and diarrhœa of fully developed cholera, And in all the large number of cases of fully developed, epidemic cholera in which no connection can be traced between this disorder and the imbibition of fecal matter, it is evident that the peculiar poison of cholera, conveyed into the system through the medium of the inspired air, tends to manifest itself always in the same direction.

In what way this poisoning of the system leads directly to the pathological results already mentioned, and indirectly to a long train of subsequently appearing morbid conditions, we will now attempt to explain; since from such explanation alone can we obtain any real insight into the essential nature of cholera itself.*

It is now asserted by able writers, and we think with reason, that *in cholera there is arrest of the capillary and pulmonary circulation from the commencement of the disease*,—and not merely towards its termination, as was formerly supposed.† This, however, by no means conflicts with what we have already stated as to the first objective symptoms being developed in the

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* By this we do not mean the essential nature of the cholera poison, which *generated or derived from previous cholera cases*, and transmitted in the path of commerce and in the track of nations, has escaped hitherto all positive demonstration; but whose reception into the human organization and subsequent triumph over the vital powers are most remarkably favored by all the influences and conditions by which these powers are in the first instance depressed. The predominancy of either the positive or the negative electric condition of the atmosphere may favor the reception of this poisonous influence into the system; while the abundant development of ozone in the air may totally destroy the poison itself. See a very interesting paper relative to *ozone* and *jodosmone*, by Dr. John Hartman, Western Hom. Observer, April, 1866;—and Braithwaite's Retrospect, No. lii, p. 28.

† Dr. Thos. Wilson, on Cholera, Monthly Hom. Rev., Nov., 1865.

digestive tract. It may be that an exceedingly minute examination would show a diminution in the resparation, even at the earliest appearance of the cholera diarrhœa, but so far as we are aware, such cases have never been reported.

A moment's reflection upon the influence which the vigorous living blood exerts in promoting its own circulation—especially through the smaller ramifications of the arteries, where the muscular tissue gradually replaces the cartilaginous, and through the capillaries—will show how serious must be the effect which the poisoning of the blood produces upon its flow through these minute and highly sensitive vessels.* Terrified and repulsed by the distructive currents of poisoned blood, all the innumerable absorbents shrink back and close their mouths in despair. The capillaries struggle to transmit the dangerous mass, but become themselves obstructed; while the sluggish volumes of thickened, darkened, and othewise disorganized blood gradually accumulate in the veins. Even the minute arterial branches close convulsively in order as much as possible to prevent the influx of the poisoned streams. This supposed spasmodic contraction of the arteries is supported by the condition in which the heart is found after death from this disease,—firmly closed, as if in desperate agony. In such cases, on the venous side of the general circulation, we find the vessels distended and engorged with blood; and on the arterial side, a corresponding state of emptiness and retraction. "In the great majority of cases in which death has occurred in the state of collapse, the right side of the heart, and the pulmonary arteries, are filled and sometimes distended with bloood; while the left cavities of the heart are generally empty, or contain only a small quantity of blood;

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* It is by no means intended to ignore the powerful influence which the brain and nerves exert upon the capillary circulation, but simply to affirm that this influence must be reciprocated. *Vide* Wilkinson's "Human Body," p. 194; and the introductory remarks to his translation of the "Animal Kingdom," p. 332. And as the action of galvanism may be either through the spinal cord or nerves to the muscles, or directly upon the muscular substance,—"the muscular tissue possessing within itself an inherent power of contraction, independent of the nerves distributed to it;"—so the blood may act directly upon the delicate muscular or other tissues, through which it passes. Compare Muller's Physiology, p. 899, and p. 10 of the Supplement.

the auricle being partially, and the ventricle completely and firmly contracted."*

As the immediate result of the cholera influence, we find then a *venous congestion of the portal system of circulation*;—of which the serous fluid discharged both upwards and downwards, in such immense quantities, and with a rapidity so appalling, forms the inevitable sequence,—a consequence corresponding in extent to the extent of the congestion itself. And these *rice water discharges*, at first consisting principally of the liquid portion of the blood, and of the lymph,—as the disease advances are found to contain not only the unoxydized, cell-wall *detritus*, and other products of the ordinary degeneration of tissue; but also immense quantities of fragments of the epithelial covering of the intestinal villi, which in many cases have been found wasted, shrunk and denuded from one end of the intestinal canal to the other.†

Thus the direct and immediate results of the action of the poisoned blood in cholera, is seen illustrated, in accordance with the amount of that poisoning, in the three preliminary and successive stages of cholera itself. The initiatory and mildest degree of this poisoning, immediately if not exclusively affects the capilliaries of the portal system, and *Cholerine* results. From the increase of the amount of the blood-poisoning, and its extension to the arteries, arises the fully developed *Cholera*. And the concluding crisis of this disease, as it involves the heart and finally arrests its action, is seen in the ultimate stage of *Collapse*.

But this obstruction of the capillary and arterial circulation, which we have described as the first determinate pathological effect of the cholera poison, and which presents its first objective symptoms in the form of serous and other discharges from the digestive tract, is by no means confined to these organs of the portal system. Although we may remark *en passant*, that

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* Dr. Geo. Johnson, Braith. Retrospect, No. lii, p. 266.

† C. B. Ker, M. D., British Journal of Homœopathy, Jan., 1867, p. 125. Dr. Ker's paper, "The present State of our Knowledge of Cholera," will be found very instructive, although his conclusions appear to us more negative than the necessity of the case requires.

it is not probable that the poisoned blood meets with the same instinctive repugnance to its passage through the pulmonary and cutaneous capillary circulations, which are intended as means of purification; that it experiences in its transit through these vessels of the digestive tube, which are accustomed to seek from it supplies for nutrition and assimilation.

The loss of its more liquid portion, must of itself greatly impede the passage of the blood through every part of the general system of capillary circulation, and especially through that of the lungs. And in addition to this, the imperfect performance of the vital function of aeration, must at the same time rapidly deteriorate the blood, and thus retard its circulation in a constantly increasing ratio; while this again still further aggravates the *mal-aeration.* And so the case necessarily passes with increasing rapidity from bad to worse, till nature becomes completely exhausted with her efforts to maintain the circulation and respiration, and, as if in despair, retreats into collapse,—when death presently closes the sad scene, unless Homœopathy opportunely supplies the truly physiological remedy for what is thus seen to be most interiorly and vitally, a *physio-pathological condition.**

Thus far in studying the course of cholera, we have traced its action in the single line of the circulation of the poisoned blood, and marked the direct influence of the morbid blood itself upon the minute arterial branches and still more minute capillaries,—especially in the digestive organs. But this action of the poisoned blood in *thus retarding its own circulation*, is by

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*By this expression, which to some may seem a contradiction in terms, we desire, in opposition to those who assume disease to consist solely in a change of structure, and whose pathology is exclusively structural, to convey the idea that disease is not structural degeneration alone, not functional aberration alone, and not both combined alone: but that it consists in a still more interior and profound disturbance of the vital principle, of the life itself; which, obstructed in its normal course, attempts by increasing activity in some functions to compensate for the deficiencies in others; which under compulsion sacrifices a part to save the whole, as in local disorganizations; and which when fighting a losing battle, surrenders the least important posts first, and so continues until the failure of the whole, or until the entire system collapses with the unavoidable destruction of some essential organ.

no means confined to the portal system; the pulmonary and cutaneous capillary systems are subsequently, if not at the same time, overwhelmingly affected. And the rapidly destructive influence of this constantly increasing diminution of the respiration has already been described.

But the mischief does not stop here—*æquo pede*, the morbid influence invades also the nerve-filaments and nerve tissue, or neurilemma, of all the infinitesimal organs of the capillary circulation. Nor yet is this influence restricted to this portion of the nervous system. So far as we have hitherto traced it, the cholera poison, primarily absorbed into and disorganizing the blood, exerts its first recognizable influence upon the nerves which control the portal and other capillary circulation, and the respiration, and arrests in the same degree and at the same time, all those vital processes of assimilation, of the oxygenation and elimination of the effete material, and of the reparation of wasted tissue, which are so absolutely dependent upon the double function of circulation and respiration. These nerves belong of course to the vegetative or organic nervous sphere. But if we extend our view of the influence of the cholera poison upon the nervous system,—which, however, as previously stated, it may affect in the first instance,—we shall see that the muscles of the lower extremities become disordered, while the excruciating pains, which so constantly attend such cramps and spasmodic contractions, doubtless result from the mechanical pressure of the rapidly shrinking muscular tissue upon the morbidly sensitive nerves.

As the disease advances, the cramps involve the voluntary muscles, more and more—but this implication of the spinal nerves seems due at first to their intimate connection with the sympathetic system. With the still further progress of the disease, the spinal cord itself becomes congested; and the same condition must also involve the primary and secondary series of spinal nerves. While after all, the still higher cerebral, nervous centre remains comparatively unaffected; the poisoned blood of the cholera patient, even in the worst forms of the disorder, exerting no injurious influence upon the mental faculties —principally, no doubt, because little or none of it is assimilated into the cerebral substance.

The cholera is thus seen to strike at the very fountain of life; to poison its living waters in such a manner as most effectually to cut off all their sources of supply; to destroy all their means of reparation and possibility of regeneration. Absorption, nutrition, and assimilation gradually become impossible; the lacteals refuse to drink from the noxious currents; and the lymphatics no longer attempt to arrest the too rapid progress of interstitial disorder, or to redeem any portion of its products. Respiration and circulation become less and less; one by one the secretions fail, and the natural excretions are lost in the deluge of colliquative discharges.

And yet another, still more darkly shaded, picture is needed to complete our hasty panoramic view of the course of cholera. For it is well known that there are cases in which, from the overwhelming amount of cholera poison, and from the intensity of its influence upon the blood and nerves, the entire system receives at once a mortal "shock,"—and in a few hours the patient sinks, crushed by a force so deadly and profound that there is neither vomiting nor purging. In these cases unassisted Nature is powerless even to develop any secondary symptoms, and all human art too often proves equally incapable of establishing a vital reaction.

Such, then, is the essential nature of cholera—A disease, in part, at least, consisting in a poisoning of the blood, which affects the circulation, and renders abortive the respiration—A disease which becomes cumulative, and tends to the destruction of life with a constantly increasing determination, since it renders the poisoned blood less and less capable of self purification and regeneration—A disease whose essential nature it is the more necessary to understand, since all its symptoms, both subjective and objective, are but the consequences of the original blood poisoning, or of the preceding and more subtle morbid influence upon the nervous system itself.

But we have dwelt so long upon the essential nature of cholera, that we can now but very briefly consider the relation it sustains, respectively, to the Allopathic and to the Homœopathic modes of treatment. The allopathic practitioner, unable to reach the citadel of cholera,—the original blood poisoning, or still prior impression upon the nervous system,—attacks the outposts,

the consequences of the disease. Hence the astringents and sedatives employed to stop the vomiting and diarrhœa; venesection and saline injections to remove the thickness of the blood and cause it to flow, and acids and alkalies to correct its chemical condition;* calomel to compel the liver to secrete bile; rubefaciants, sinapisms and blisters to promote the capillary circulaion; opium and chloroform for the spasms and cramps; tartar emetic and bleeding to reduce the strength, or relieve the congestion, and stimulants to sustain the patient; castor oil for the diarrhœa, and camphor because the Homœopaths have made cures with it!

These, with multitudes of other means, are employed sucessively, or together, in accordance with some plausible "indications;" but the uniform result of an enormous mortality shows how vain is the attempt of the allopaths to cleanse the streams while the poisoned fountain remains beyond their utmost reach. There are indeed recoveries; for nature, busily engaged in her own desperate struggle for life, takes small account of such means, when used with any degree of moderation, and sometimes rescues the patient in spite of them. But when the entire allopathic armament is vigorously and continuously brought to bear upon all the outposts or consequences of the disorder, nature finds the double burden of treatment and disease greater than she can bear; she retires from the contest; calls in her outposts of secondary and reactionary symptoms; collapse ensues, and patient and disease expire together!

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* The most elaborate chemical analyses of the blood of cholera patients, although they may show very nearly what substances the blood has lost, can afford no real aid towards the cure of the patient himself, because *vital physiology, not chemistry, is the real guide to therapeutics.* By similar destructive analysis, we may resolve any organized bodies into their component elements of Carbon, Hydrogen, Nitrogen, &c.; but when we attempt to reconstruct these elements—*hic labor, hoc opus est!* How absurd, then, to expect to chemically restore the blood whose very life was disturbed before its substance was in any appreciable degree disorganized. And so in general: Dr. Therapeia visits the sick man, and has the privilege of attempting to save him; while Dr. Post Mortem Pathology is only invited to attend his funeral, and all the advice which he can give will as naturally lead to other funerals, as fecal matter will cause diarrhœa. *Vide* Brit] and For. Med. Chi. Review, xxvii, July, 1854, p. 138.

The Homœopathic Physician on the contrary, loses no time, nor wastes his patient's strength, in contending with the symptoms or secondary consequences of the disease. He realizes that the disorder of his patient consists of so profound an affection of his very life, that it is impossible to distinguish the one from the other. Instead then of fighting the symptoms, he makes them his infallible guides to that morbid condition of the life-blood, of the patient himself in his inmost life, which causes those symptoms, and which therefore they represent.—Since they are but the consequences of this morbid condition, he knows that their suppression,—if that were possible,—would by no means remove the original disorder; that *under the law of the similars they must become unfailing indications of the antidote to that disorder, to that actual blood-poisoning, or nerve-poisoning, from which they spring.* And he feels that to all the different conditions of the system, which may arise from the different qualities or degrees of this poisoning, *these inseparable subjective and objective symptoms* must infallibly correspond. Instead, therefore, of attacking these symptoms as enemies, he treats them as friends who pilot him unerringly through the labyrinth of nature—literally leading him by a way which he knew not—and enable him to apply the exactly corresponding remedy to the particular morbid condition which they necessarily and truly represent.

But the cholera is the representative, if not the epitome of all disease; and *ex uno disce omnes!* The lesson learned from this one example may be everywhere applied. The Law of the Similars, as with an electric flash, in a moment lights up all that was mysterious in sensational symptoms; all that was obscure in functional developments, and all that was dark in the pathological waste-places:—becomes a beacon light which at once illuminates and harmonizes all the various portions of this *via dolorosa;* and at the same time enables the physician to apply the true physiological remedy, not for a mythical disease; but for a plainly revealed physio-pathological condition.

The wonderful similarity of the different forms and stages of the cholera disease to the conditions and symptoms developed in the pathogeneses of the corresponding remedies, affords a splendid proof of the *natural truth* of the principles of Homœ-

opathic Science. And the success,—if possible, still more wonderful,—which results from the administration of these remedies in faithful accordance with these principles, affords a corresponding triumph of our Homœopathic Art,—for which we can never be sufficiently thankful to the Giver of every good and perfect gift !

IX.

REPORT OF THE COMMITTEE ON MEDICAL DIAGNOSIS.

BY ROBERT J. M'CLATCHEY, M. D., PHILADELPHIA.

With an earnest desire to fulfil in a measure, the obligation imposed in being appointed to write an essay on Medical Diagnosis; the succeeding pages have been written, not from any peculiar adaptability of your committee for the allotted task, nor for the purpose of inviting criticism, but with the hope that what is here said may prove instrumental in evoking more mature and profound observations.

Medical Diagnosis is a theme that has poised many a pen and given origin to many an essay, from the crude lucubrative attempt of the graduating tyro, to the ornate, complete and scientific demonstrations that can emanate only from the matured mind of the thoroughly furnished physician. It has been veiwed from every stand-point and by every light and in the many paths to its approach there is not much ground that is not deeply impressed with the footmarks of the seekers after truth. Even in regard of its relations with and value to the practice of homœopathy, many a keen criticism and counter-criticism has been called forth, until the critics in their combative ardor have almost succeeded in establishing opposing sects as well as eliminating every phase and feature of the subject. Thus it will e seen that there is now little can be said that will not per-

haps be flat and stale, and the question may be not impertinently asked,—why write anything more? why pile even this insignificant Pelion upon this already sufficiently altitudinous Ossa? The question is indeed of difficult solution, unless your committee be allowed to offer his apology at first expressed as an answer.

There exists, unfortunately for homœopathy be it remembered, two classes of its practitioners, who have nothing in common save their degree of Doctor and their disagreements. In the one, we find the scoffers at the teachings of the master, and their Homœopathy is as a play, with the principal part left out. These are no *little-pill Homœopathists*, but nestling closely to Allopathy, they seek to gather round them all its paraphernalia, its effete and beggarly elements, even to the big bottles and unguent pots which are to be found in the sanctuaries of their offices. These are self-styled *Scientific* Homœopathists, a distinction to which they are as little entitled as is Maximilian to that of Emperor of Mexico.

In the other, we find those who would divest medicine of all its scientific character. They see in disease *only symptoms*, and in drugs *only symptoms*, and the dear object of their fond delight is, to add to the already awful bulk of our *Materia Medica*, some vivid imaginings or inane vaporings of their own or of others brains, and in *this way* they would advance the *Science of Medicine*. What a science! stark, lifeless, repulsive; exciting only contempt and disgust.

These are opposing factions, the one declare that *they are of Paul*, the other, that *they are of Apollos*. Of the ways of the first mentioned, we wish to say nothing. They are joined to their idols and are best let alone. Won for a time by the purity, simplicity and wonderful accuracy of Homœopathy; alas they have at length returned to their wallowing in the mire.

To the ways of the other class, however, we desire to address ourselves. Pernicious ways! that would take all the back-bone out of medicine, and leave a partial and. disjointed skeleton. We wish to show that the taking out of this back-bone—the knowledge of disease—not the knowledge of symptoms—cannot be done without very decided injury to medicine as a science and an art, to the sick and to their physicians.

In order to obtain a correct definition of disease, we must first decide, what condition of the economy constitutes health, and perhaps it would be necessary, in determining this latter point exactly, to go still further, and endeavor to unfold the hitherto unsolved problem, what is life?

Carlyle has it, that the rustic who declared that he did not know that he had any system, was a true exhibit of humanity in perfect health, and that when a Dr. Kitchener says his system is in the highest tone, though dietetics may have occasion to boast, there is a lurking of disease, or at least the knowledge of the possibility of disease, and this is not health. This is doubtless good philosophy, and yet too eminently philosophical for practical purposes. When the various complexities of the human organism perform their allotted functions as one harmonious, silent, unobtrusive whole,—then is health; but disease, as it comes to the cognizance of the physician, must be regarded by taking into consideration the many modifying circumstances, external and internal, to which man is subjected. Life is the element of our being; health, that being in its perfect or comparatively perfect state—and disease, a deviation from that state, of such a nature as to modify, interfere with and finally destroy life.

This is disease in the general, but it comes to us in such a diversity of shapes, that we are obliged to note each particular form, and in what it differs from all others. The names of diseases, it is true, are often arbitrary and sometimes founded on erroneous pathology, yet they serve to distinguish between disordered action of one sort and another. "Thus, when we say a man has, or is an example of *inflamation of the lungs*, it is understood that disease of a general nature—inflamation—has attacked a particular organ—the lungs. If we say, that child has *hooping cough*, it is known that it is an example of the presence of a condition that is common to many diseases—cough, characterized by a peculiarity all its own, the hooping sound. When we declare that a woman has, or is an example of *hysteria*, although that term expresses a series of phenomena as varied as the individuals affected, still to the physician, the term conveys a knowledge of a condition of things that is well understood."

The *evidences of disease* exist in the manifest symptoms. The

subjective or those that are made manifest through the consciousness of the patient, and *the objective* or those that are made manifest through the consciousness of the physician; and it is by collecting, arranging and combining these that the physician is enabled to form an estimate of the cause, locality, condition and probable result of the disordered action.

"Health is the resultant of certain forces, modified by life and carried on in a normal and harmonious manner, and disease is the resultant of these forces acting in a wrong direction. So great, however, is the resilience of life that if the cause of deviation be removed, the right direction will be re-assumed, and health—as is said—will be restored." Here lies the business of the Physician. To see that this cause of deviation is *removed*, and the normal direction is *re-assumed*. The object and end of all investigation in Medicine should be the relief of the patient, and if possible, the cure of his disease. It is for this that we find in the store-house of bountiful nature so great a variety of remedial agents, each with its peculiar powers and properties for good and evil, which by the labor, energy and benevolence of men have been, and are being, plucked from an existence of inutility to be proved, tried and rendered subservient to the wisdom and will of men for their fellow-men.

In view of this it is plain that nothing that can aid in attaining this object and end dare be neglected. Of the method of cure, we, as Homœopathicians, are sure. We regard the law enunciated by the sage of Cœthen and expressed in the formula *similia similibus curantur*, as a natural law, and co-extensive with disease. The question is, will we be aided in the application of this law of cure by a positive knowledge of the minutiæ of disease, by our own ability to distinguish between one disease and another? Shall we resort to all the modern appliances and means of diagnosis in order to know what is to be cured, or shall we take simply the symptoms—mainly subjective—the signals of distress or efforts at relief of discomfitted nature. Since the first dim tracings of the rude and barbarous practice of Medicine shadowed forth in the poetry of ancient Homer, medicine has been slowly progressive, but within the present centnry very many steps towards perfection have been taken. A knowledge of the parts involved and the manner of their involvemen[t]

is now a matter that may almost invariably be certainly ascertained. Shall then all this gradually accumulated experience; all these enunciations of genius; all this labor and stupendous toil and self-sacrifice and heroism and revelation and knowledge, be cast aside as useless and, to the Homœopathist, only sounding brass and tinkling cymbal.

Let us examine this question briefly. Disease is an abnormal condition of organ, or function, or both. There is probably no disease manifestations without a corresponding organic derangement, cellular or otherwise, although we are not always able to discover it, and might as well, in some affections, look for the tracings of the telegraphic message in the dead wire, as look for the tracings of disease in the dead body. As effects result from causes, however, it is fair to assume that these disease effects result from disease causes.

What are the pathogenetic effects of drugs? Are they the substances of disordered action, or its shadow? It is here held that they are its substance. If Belladonna in Hahnemann's hands, did not produce the Sydenhammian scarlet fever, can we say that it would not have produced a condition entirely similar to, or identical with that disease? It is known that Tartar Emetic will produce an eruption so similar to that of small pox, as to be at same stages almost indistinguishable from it. It is clear that Dr. Rubini would have produced some terrible malady, had he not become alarmed at the magnitude of the symptoms already induced by the Cereus. Had these conditions been produced they would have been the result of drug provings, such as our symptomatology is derived from, carried to a great extent; to such an extent as to produce not the dim outlines, the faint foreshadowings, but the bold decided tracings of disease. If drug symptoms are not the manifestations of pathalogical conditions are they then the mere vibrations of a hyper-excited nervous sensibility; the vaporings of a diseased fancy; the figments of a vision.

It seems entirely reasonable that the knowledge of the parts deranged and the manner of their derangement will facilitate the selection of a remedy. Seemingly chaotic though our written Materia Medica be, it is owing to the fact that its authors were so deeply engaged in supplying matter that there

was left no time to them to supply method. Groups are there and groups may be called from thence and in these groups should be found the similimum of groups of symptoms that are produced in the body—from some other cause than a drug—and that constitute disease.

The provings of Hahnemann and his brethren, and the more recent efforts of the men of this day are alike the most wonderful and benevolent works of the age, and will remain as emblems of their greatness and goodness when monumental marble and granite obelisk has crumbled and fallen. If, however, our Materia Medica is to be developed to its fullest capacity for good, it must be done by regarding, in provings, all the appliances of the modern art of diagnosis. Every care must be taken to obtain a knowledge of the true condition of the disordered action set up in the body of the prover—as well as his sensations—and in this way only can the true pathogenesis of a given drug be arrived at. Taking the thus obtained true drug pathogenesis then and comparing with it the totality of exhibit of disordered action induced through one or more of the multifarious causes of disease—as obtained through all the appliances of our art, we will then arrive at the perfect similimum; the true Homœopathic remedy.

Another point. It would seem to be impossible that the memory of man should retain the immense tissue of our *symptomen codex* and that any aid in this direction would be of vast importance. Here medical nomenclature serves a good purpose. When we hear the name of a disease, that alone suggests to our mind certain remedies whose symptoms are similar to the symptoms of that disease. Every remedy has a decided sphere of action and while one may be polychrest there is a sphere in which its action is more decided than in others, and these spheres of action are similar to ihe spheres of action of disease. While it is true therefore that each case is an individual case and that we must individualize to cure, still the knowledge that a patient has a certain form of disease, that we call by a certain name, leads us by a short route to the selection of several remedies and from these we may with more facility select the individual remedy for the individual case.

For this reason then also we cannot neglect the art of diagnosis. Who that has heard and profited by the definite murmurings of the stethoscope, or witnessed the positive revelations of the microscope, or the saddening visions of the ophthalmoscope, or been set right by the enunciations of chemical tests, would be deprived of them.

Humanity demands that we neglect nothing in our art, and science will not permit of it. We cannot tell what is wrong with a watch simply by its silence, nor can we tell what ails a man from his much speaking. We must first spy out the land before we smite the enemy. It is unwise, unscientific, unphilosophical to deny the utility of diagnosis, as much so as to deny the efficacy of potentiation.

The truly scientific homœopathician has his faith firmly fixed in the law of cure, and, though mindful of the voice of the master, is ever alert to seize and appropriate whatever will improve his art, and, through that, benefit suffering humanity.

X.

REPORT OF THE COMMITTEE APPOINTED TO AUDIT THE TREASURER'S ACCOUNT.

The Auditing Committee would respectfully report that they have examined the accounts of David Cowley, M. D., Treasurer, and find them correct, as follows:

Total amount of receipts, - -	$74 00	
Total amount of expendidures, - -		$4 45
Draft on Drexel & Co., in favor of Soc.,		69 00
	$74 00	$74 00

W. WILLIAMSON, M. D.,
SILAS. S. BROOKS, M. D., } Auditing Com.

XI.

CONSTITUTION AND BY-LAWS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

CONSTITUTION.

ARTICLE I.

This Association shall be known as the Homœopathic Medical Society of the State of Pennsylvania, and its object shall be the advancement of Medical Science.

ARTICLE II.

Any physician of good moral character, who has received the degree of Doctor of Medicine from some regularly incorporated Medical College, and who subscribes to the doctrine "*Similia Similibus Curantur*," may be elected a member of this Society upon the recommendation of the Board of Censors, by a vote of two-thirds of the members present, at any annual meeting.

ARTICLE III.

Every member shall, upon his admission, sign the Constitution and pay the initiation fee.

ARTICLE IV.

Any non-resident Physician who may be judged worthy from his attainments in medicine or its collateral branches, may be

elected a corresponding or honorary member, by a vote of two-thirds of the members present at any annual meeting, and may participate in the proceedings of the Society, but shall have no vote and shall be ineligible for office.

ARTICLE V.

The officers of this Society shall consist of a President, two Vice-Presidents, a Recording Secretary, a Corresponding Secretary, a Treasurer, and three Censors, who shall be elected by ballot by a majority of the members present, at every annual meeting, and who shall hold office until their successors are elected.

ARTICLE VI.

The President shall preside at the meetings of the Society, preserve order therein, put questions, announce decisions, and appoint committees not otherwise ordered.

ARTICLE VII.

The Vice Presidents, in the order of their election, shall discharge the duties of the President, in his absence.

ARTICLE VIII.

SEC. 1. The Secretaries shall give notice of the meetings of the Society, keep a record of its proceedings, conduct its correspondence and have charge of its archives.

SEC. 2. The Recording Secretary shall keep a record of all the proceedings and resolutions, the names of all delegates and members, with the date of admission of each; notify all committees of their appointment and of the business referred to them, notify all members of their election; authenticate by his signature, all papers and acts of the Society when the occasion requires it, and bring before the Society communications and business needing its action, not othewise presented.

SEC. 3. The Corresponding Secretary shall receive and preserve all letters addressed directly to the Society; open and maintain such correspondence as shall tend to advance its interests; give at least two weeks previous notice of all meetings of

the Society, to the members; keep a record of all the discussions on any and all the branches appertaining to Medical Science that may occur in the Society.

ARTICLE IX.

The Treasurer shall receive all moneys and make all necessary disbursements, and make an annual report to the Society, in writing.

ARTICLE X.

The Censors shall receive applications for membership, and report to the Society those qualified for admission.

ARTICLE XI.

The annual meetings of the Society shall be held at such time and place as shall be designated at the annual meeting next preceding,

ARTICLE XII.

Seven members of the Society shall constitute a quorum.

ARTICLE XIII.

Any article of this Constitution may be altered or amended by a vote of two-thirds of the members present at the annual meeting; provided, that notice of such intended alteration or amendment shall have been given to the Society when in session, at the annual meeting next preceding.

BY-LAWS.

SECTION I.

The annual meeting of the Society shall be held at 10 A. M., at the time and place decided upon at the annual session next preceding, and the President of the Society, with the concurrence of a majority of the Board of Censors, shall have power to direct such other meetings to be held as they may judge advisable.

SECTION II.

The initiation fee shall be two dollars, and each active member shall pay one dollar annually thereafter.

SECTION III.

At each annual meeting committees shall be appointed to report upon such subjects as the Society may designate.

SECTION IV.

All communications read before the Society shall become its property; but no paper shall be published as part of the transactions of the Society without its sanction.

ORDER OF BUSINESS.

SECTION V.

At the meetings of the Society the following shall be the regular order of business:

1. Report of Censors and election of active and honorary members.
2. Report of the Treasurer.
3. Election of officers for the ensuing year.
4. Reports of committees appointed at previous meetings.
5. Unfinished business.
6. Appointment of committees.
7. Miscellaneous business.
8. Reading of Minutes.
9. Annual Address.
10. Adjournment.

SECTION VI.

These By-Laws may be altered or amended at any regular meeting by a vote of a majority of the members present.

XII.

NAMES OF MEMBERS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

Armor, Smith, M. D.,.....Columbia, Columbia County.
Ashton, A. H., M. D.,.....Philadelphia.
Barnaby, Jno. E., M. D.,,.....Alleghany City, Alleghany Co.
Blakely, W. James, M. D.,.....Benzinger, Elk County.
Brooks, Silas S., M. D.,.....Philadelphia.
Burgher, J. C., M. D.,.....Pittsburg.
Childs, Wm. R., M. D.,..... "
Cook, Wm. H., M. D.,.....Carlisle, Cumberland County.
Cooper, F. B., M. D.,.....Alleghany City, Alleghany Co.
Cooper, J. F., M. D.,..... " " " "
Cote, Marcellin, M. D.,.....Pittsburg.
Cowley, David, M. D.,..... "
Dake, C. M., M. D.,..... "
Dake, B. F., M. D.,..... "
Detwiler, Henry, M. D., ...Easton, Northampton County.
Detwiler, J. J., M. D.,..... " " "
Dudley, Pemberton, M. D.,.....Philadelphia.
Faulkner, Robert, M. D.,.....Erie, Erie County.
Foster, George L., M. D.,.....Pittsburg.
Friese, Michael, M. D.,..... Harrisburg, Dauphin County
Frost, J. H. P., M. D.,.....Philadelphia.
Gardiner, Richard, M. D.,..... "
Gause, O. B., M. D.,..... ..... "

Gramm, G. E., M. D.,.....Philadelphia.
Guernsey, Henry N., M. D.,..... "
Gumpert, B. Barton, M. D.,..... "
Harbison, Wm. C., M. D.,..... "
Herron, Jas. A., M. D.,.....Pittsburg.
Hewitt, Thomas, M. D.,.....Alleghany City, Alleghany Co.
Hofman, H. H., M. D.,.....Pittsburg,
Homer, Horace, M. D.,.....Philadelphia.
James, David, M. D.,..... "
James, Bushrod W., M. D.,..... "
James, Jno. E., M. D.,..... "
Jeanes, Jacob, M. D.,..... "
Johnson, I. D., M. D.,.....Kennet Square, Chester Co.
Johnson, J. P., M. D.,.....Latrobe, Westmoreland Co.
Karsner, Charles, M. D.,.....Germantown, Philadelphia.
Koch, Aug. W., M. D.,.....Philadelphia.
Koch, Richard, M. D.,..... "
Lee, John K., M. D.,..... "
Lippe, Adolph, M. D.,..... "
Liscomb, P. D., M. D.,.....Pittsburg.
Logee, Horace M., M. D.....Linesville, Crawford County.
Malin, Jno. W., M. D.,.....Germantown, Philadelphia.
Marsden, J. H., M. D.,.....York Sulph. Spr., Adams Co.
Martin, H. N., M. D.,.....Philadelphia.
Morgan, Jno. C., M. D.,..... "
McClatchey, Robert, J., M. D.,.. "
Neville, W. H. H., M. D.,..... "
Preston, Coates, M. D.,.....Chester, Deleware County.
Preston, Mahlon, M. D.,.....Norristown, Montgomery Co.
Raue, Chas. G., M. D.,.....Philadelphia.
Reading, Edward, M. D.,.....Hatboro, Montgomery County.
Reading, John R., M. D.,.....Somerton, Philadelphia.
Richards, J. C., M. D.,.....Lock Haven, Clinton County.
Roberts, R. Ross, M. D.,.....Harrisburg, Dauphin County.
Rousseau, L. M., M. D.,.....Pittsburg.
Smedley, R. C., M. D.,.....West Chester, Chester County.
Smith, Wm. H., M. D.,.....Philadelphia.
Stiles, Wm., M. D.,..... "
Toothaker, C. E., M. D.,..... "

Urie, Wm. T., M. D.,.....
Von Tagen, C. H., M. D.,.....Phila delphia.
Walker, Mahlon M., M. D.,.....Germantown, Philadelphia.
Wallace, M. H., M. D.,.....Alleghany City, Alleghany Co.
Williams, Thomas C., M. D.,.....Philadelphia.
Willard, L. H., M. D.,.....Pittsburg
Williamson, Walter, M. D.,.....Philadelphia.
Williamson, Walter M., M. D.,.. "
Wood, Jas. B., M. D.,.....West Chester, Chester County.

TRANSACTIONS

OF THE

THIRD ANNUAL SESSION

OF THE

Homœopathic Medical Society

OF THE

STATE OF PENNSYLVANIA.

1868.

PHILADELPHIA:
DE ARMOND & GOODRICH, PRINTERS, 104 HUDSON STREET.
1868.

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STANDING RESOLUTIONS,

ADOPTED JUNE 3, 1867.

RESOLVED, That the Homœopathic Medical Society of Pennsylvania, in accepting and publishing Reports of Committees in their Proceedings, *does not necessarily endorse the same.*

RESOLVED, That no longer time than fifteen minutes shall be taken up in reading any single Report. If the Report is of such length as would occupy a longer period, a synopsis of the same, giving the principal points, may be read, and the Report itself referred to the Publishing Committee.

PROCEEDINGS

OF THE

THIRD ANNUAL SESSION

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF THE STATE OF PENNSYLVANIA,

Held in Harrisburg, May 12th and 13th, 1868.

FIRST DAY—MORNING SESSION.

THE Society was called to order at 10 o'clock, by the President, WALTER WILLIAMSON, M. D., of Philadelphia, who said:

GENTLEMEN:—The hour has arrived at which, according to adjournment of the "Homœopathic Medical Society of the State of Pennsylvania" at its last session, it becomes my duty to call you to order.

The meeting will please to come to order.

Fellow-members of the State Society, and gentlemen of the profession, we meet on the present occasion under favorable circumstances. The work of the great reform in the practice of Medicine in which we are engaged, was auspiciously commenced by the illustrious founder of our school, in the latter part of the last century, and has been carried steadily forward by his coadjutors and successors from that time to the present. As a part of that succession, we are here assembled to-day; imbued with the same spirit of reform, and animated by the same confident assurance of success which sustained and cheered

our predecessors in their labors. Let us try to strengthen the hands of each other, and faithfully perform our allotted part in this great interest of humanity. We are connected with the founders of the enterprise by gentlemen who witnessed the early struggles between the majestic truths of Homœopathy and the monstrous errors of the prevailing school of Medicine, in Germany and other countries; some of whom still live to encourage us by their example and enlighten us by their experience; forming a continuous chain of professional brotherhood from Hahnemann to every Homœopathic physician of the present day.

Hahnemann was born in the year 1755; graduated in Medicine at Erlangen, in 1779; discovered the Homœopathic law (Similia Similibus Curantur) in 1790; began to attenuate medicines in 1815, and died in Paris, in 1843. Immediately after the discovery of the law, he entered upon the great business of his life by at once instituting a system of practice based upon its precepts, and earnestly laboring to elucidate its principles. In this work he was joined by a band of devoted disciples who greatly assisted him in his labors, and rejoiced in the triumphs of his success. The contest between the contending schools was carried on silently for several years; the truths of the one all the time gaining upon the errors of the other; but when, in the year 1796, the doctrines of the new system began to be spread on the pages of the medical journals of the country, the anathemas of the old dominant school, with the greatest bitterness were launched against the tenets and advocates of its young competitor. The course pursued by the journals, however, neither lessened the force and truth of the new doctrines, nor deterred their advocates from laboring for their advancement.

In the year 1810, the first edition of Hahnemann's "Organon of Rational Medicine" was published; and the new system first received the name of Homœopathy. Not long after the Organon, the first volume of his Materia Medica was published; one volume succeeded another, until the sixth, which completed that great work, was published. A few years later, Hahnemann's imperishable work on Chronic Diseases, in four volumes, was given to the world; and from that time to the present, the

practitioners of Homœopathy being supplied with the necessary charts of professional independence, have moved steadily forward in the work of overcoming the unsettled dogmas of ancient Medicine, and establishing Therapeutics upon a truly scientific basis.

Germany, the land of the nativity of Homœopathy, was too small a field for the exercise of its beneficent influences. Its doctrines were soon spread abroad through the medium of the journals and intelligent business men, to the utmost bounds of civilization; and in every country found advocates in disinterested and liberally educated people. To our own country, numerous well-educated foreigners brought a knowledge of the new method of treating diseases, and everywhere made friends of the scheme, who anxiously awaited the debut of competent physicians of foreign or native birth, who should be able to extend the benefits of the system, in case of sickness, to themselves and their families.

At what precise date the first Homœopathic physician came to the United States, I am not informed; but the first contribution to Homœopathic literature in this country was from the pen of Dr. Gram, a resident of New York, (an accomplished physician who was educated at Copenhagen) in the year 1825.

The first Homœopathic physician who took up his residence in the State of Pennsylvania, located in Philadelphia, in 1829. Very soon afterwards several of our own physicians renounced the errors of the old school therapeutics, and gladly a
the proffered truths of the new. Some of these patriar
still active members of the profession, and also member
Society. From the year 1833, the number of Homœo
physicians in our State increased very rapidly; at th
amounting to about five, we now count more than fo
dred in the State, and about four thousand in the United
In the year 1836, the "Academy of the new Healing A
started at Allentown, in this State, which was the fir
tution in the world in which the doctrines of Homœ
were taught in connection with the other branches of
medical education.

The first Homœopathic College in the world was esta

in the State of Pennsylvania, the charter for which was granted within these walls*—the act of incorporation was approved April 8th, 1848—twenty years ago.

Rapid as has been the increase of practitioners of the new art, the patrons of Homœopathy have outstripped them in the proportionate increase of numbers. Within comparatively a few years, the system of practice which we advocate, has emerged from the state of things unknown, and its name is now written on the statute books of our country, read and known of all men not only of this land, but a knowledge of it extends to all lands within the bounds of civilization. A practitioner of the Homœopathic healing art, not long since was looked upon with suspicion by the uninitiated, and condemned by the prejudiced; but now he is sustained by public opinion, and respected even by his enemies. The practitioners of our school have increased from a single one to many thousands, while their patrons have increased from none at all to many millions—and these millions are largely made up of the most intelligent and best educated people on the face of the globe.

From zero in literature, our publications have multiplied at a rapid rate,—at the present time our list of Homœopathic works embracing about five hundred volumes. We have ten monthly and quarterly journals, well filled with original matter, and all ably edited.

We now have six Colleges in active and successful operation, and two others which have recently obtained charters, but are not yet in operation.

We have Dispensaries, Infirmaries, or Hospitals in most of the large cities in the Union.

We have one national Medical Society—the American Institute of Homœopathy, which has between five and six hundred physicians in its membership; and two other national organizations, viz.: the American Provers Union, and the American Publication Society; beside two more which embrace a large extent of our country, viz.: the Western Institute of Homœopathy and the Northwestern Provers Union.

Sixteen State and forty-two Local, mostly County, Medical

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* The meeting was held in the House of Representatives.

Societies, reported to the American Institute of Homœopathy at its last session, held in the city of New York, in June, 1867.

The foregoing account embraces some of the means of progression with which the Homœopathic School of Medicine is furnished in this country. What think ye of the situation? Let us help bear the ark of our covenant forward. Whether obstinate and prejudiced minds perceive it or not, the world does move.

I do not expect to preside with as much dignity and grace as some of the political dignitaries who have occupied this chair, nor to display as much knowledge of parliamentary usage as they were able to do; but with a little indulgence on your part and an honest effort on my part to serve you, I hope we shall be able to get through the business of the Society without much difficulty.

Dr. RICHARD KOCH was called upon to act as temporary Secretary, until the arrival of the Recording Secretary. The roll was then called and corrected.

Propositions for membership then being in order, the President stated that there being but two members of the Board of Censors present, Drs. Roberts and Preston, it would be necessary to fill the vacancy occasioned by the absence of Dr. J. C. Burgher. On motion, Dr. J. J. Detwiler was appointed to fill the vacancy. A number of names were then proposed for active membership, and referred to the Board, who reported favorably upon the following named gentlemen: Drs. A. H. Clayton, Addisville; J. Howell Cox, Lewistown; Henry West Chester; J. G. Pfouts, Wilkesbarre; B. Bow bersburg; Charles A. Stevens, Scranton; E. W. Mechanicsburg; C. J. Carmany, Harrisburg; J. G Harrisburg; Comly J. Wiltbank, Philadelphia; Alleghany City.

The Board also reported favorably upon the fo positions for *Honorary Membership;* Drs. H. M. Pa N. Y.; I. T. Talbot, Boston, Mass.; Wm. Tod I Louis, Mo.; J. P. Dake, Salem, Ohio; Wm. E. I Maine; J. H. Pulte, Cincinnati, Ohio; Frank A. Newark, N. J.; Chas. R. Doran, Hagerstown, Md.

named gentlemen were then duly elected respectively *active* and *honorary* members of the Society.

The Treasurer's Report was then submitted, and on motion postponed, in order to permit its adjustment with the accounts of the Publication Committee and Secretaries.

A Committee of three, to nominate officers for the ensuing year, was then, on motion of Dr. Coté, constituted, and the chair instructed to appoint the same.

FRANK A. ROCKWITH, M. D., presented his credentials as delegate from the *New Jersey State Homœopathic Medical Society*, which were duly received, and on motion, he was admitted to the floor to take part in the discussions. Dr. Rockwith thereupon presented a communication from that Society, and addressed the meeting as follows:

MR. PRESIDENT:—I feel constrained to offer at this time a few general remarks, which I wish you and the members of this Society to consider.

You are no doubt aware that the demand for physicians of our school is so great, and the call for Homœopathic practitioners so urgent that it is almost impossible to turn out doctors enough to fill the requirements. But in this haste to turn out men intended not only to represent us as a new and growing science, but also for the more weighty consideration of alleviating the physical sufferings of man, and even of the brute creation, (for our school is even now making rapid strides in the advancement of the veterinary art,) we too often send out students as graduates, whose whole training has been directed to becoming practical practitioners only. But, I must ask, is this sufficient? Does our extensive science require no more than clinical instruction?

It thus happens that many are led astray into chimerical speculations and have become interblended with theories heretical to our cause. Let us therefore endeavor, before we turn out a student as *Doctor Medicinæ et Chirurgiæ*, to make him first a student of natural philosophy; or, in other words, let us first teach to our young physicians the collateral and fundamental sciences. We borrow almost hourly of Mineralogy without knowing its foundation; we rob Botany of its choicest

treasures without understanding the language it utters; the fearful serpent hisses at us its venom, and we understand not the process of death that pours from its jaws. Even the laboratory of the chemist is more or less a mystery.

There is yet another admonition that I would like to give; it is this: That we teach our young men to think for themselves. Allow me strenuously to oppose the worship of authority; for there is nothing that has so much tended to disruption of the ranks of Homœopathy, as the blind worship of great and leading men.

We already speak of a *high* and *low* school, we are already taught to regard each other according to our respective predilections. The thoroughly educated and free-thinking student will never become the votary of a factious creed.

Let us take warning by the late volcanic eruption in the otherwise stoic church of the Episcopalians, and let us be liberal, and in liberality and sincerity become a united and aspiring power, lest otherwise we fall asunder like broken fragments of potters' ware, of no use, but rather the subjects of derision. The neglect of the study of natural philosophy as a fundamental part of medicine, has led to erroneous ideas in dietetics, and to the erroneous administration of remedies in disease. It has begot bigotry, and a fear to encounter opposing theorists and schools.

The physician who understands the relation that the crude, primitive mineral holds to the more refined and more advanced state of existence of the plant, and again of the intermediate mission of the plant to the higher refinement of animal life, can never misunderstand the relation of each respective pathogenetic agent to the physical economy of man or beast.

If we compare the duration of action of the ponderous and unwieldy metal with the intensely active rapidity of penetration and diffusion of the vegetable or animal poisons, we ought readily to perceive the former to be slow and long lasting; *e. g.*, Ferrum, Hydrargyrum and Aurum; and hence indicated solely in remote chronic disorders; while the others come and go almost in the twinkling of an eye; *e.g.*, Aconitum nap. and Apis mel.; remedies only primarily specific in the most acute disorders.

The nobler a metal in the scale of chemical estimation, the slower its effects to produce death by poison, and its increase in intensity of destructive power; while still more penetrating and immediate are the ravages of death by the agency of vegetable poisons; and again how far more fearful and appalling is the suddenness of death from inoculation of the animal virus.

Homœopathy is yet but a dawning light in the multiple ramifications of philosophy, and it is only by comparative studies of the other branches of the great parent tree that a special science can flourish and increase. By the continued studies of the collateral science the Homœopathician strengthens his position as a scholar, and has at hand at all times the means wherewith to fortify himself against ignorance, while at the same time it enables him to search still onward and develop that art and profession in which he seeks to find pleasure, fortune and wisdom.

A letter was read from Dr. J. H. Gallinger, of Concord, N. H., delegate from the *New Hampshire State Medical Society.*

On motion, the communication was received and ordered to be filed.

County Society Reports were then presented as follows:

Report of the *Homœopathic Medical Society of Cumberland Valley.*

Report of the *Philadelphia County Homœopathic Medical Society.*

Report of the *Homœopathic Medical Society of Alleghany County.*

On motion, the above reports were received and referred to the Committee on Publication.

The Delegates from *Chester and Delaware County Society* made a verbal report, which was received, and on motion, they were permitted to forward their written report to the Publication Committee.

A verbal report was also received from the *Dauphin County Homœopathic Medical Society* and the *Harrisburg Dispensary*, upon which a similar action was taken.

The *Report of the Committee on Publication* of the past year was then read and accepted, and referred to Committee on Pub-

lication. The Committee announced that the balance of the "Transactions" of the Society,—one hundred copies—were present, at the Secretary's desk.

The *Report of the Committee on Charter* was read and accepted. The report was referred to Committee on Publication.

On motion, the Committee was continued, with the same powers as heretofore.

Reports of the *Committees on Provings and Clinical Medicine*, were postponed until a later period in the session.

The *Report of the Committee on Improvements in Surgery*, by John J. Detwiler, M.D., was then read.

On motion, the report was accepted and referred to the Committee on Publication, and the thanks of the Society tendered Dr. Detwiler for his able paper.

An animated and interesting discussion on the subject of Surgery then followed, which was taken part in by Drs. Von Tagen, Detwiler, B. W. James, McClelland, Smedley, Roberts and others.

Dr. VON TAGEN addressed the Society at considerable length, dwelling principally on the points referred to in the report, and was listened to with marked attention. Dr. Von Tagen added his testimony to that of Dr. Detwiler, as to the numerous improvements recently developed in the field of Surgery. He especially commended the use of the wire ligature, asserting that by its use, many of the defects of the silken thread had been obviated.

In the treatment of Ozœna he had been quite successful in the use of *Nit. ac.* and *Aurum*. He also highly commended the use of Carbolic acid in treatment of ulcers. The speaker remarked on the treatment of fractures at the Pennsylvania Hospital, in Philadelphia, where these injuries are more successfully treated perhaps than at any similar establishment, and where the use of splints are almost entirely discarded, and the adhesive strips and bandages are almost exclusively used. In regard to the various methods of anæsthesia, while he conceded that Ether and Chloroform still held the ground they had first taken, yet the Nitrous Oxide, in operations admitting its use, was safe, valuable and free from some objections that might be urged against the two former anæsthetics.

Dr. DETWILER said that the main objection to the Nitrous Oxide was in the short duration of its action, and the bulky apparatus necessary to its administration.

Dr. J. H. MCCLELLAND said that it might be repeatedly applied, and in this way time had for even lengthy operations, under its influence.

Dr. VON TAGEN stated that a patient could be kept under the influence of the Nitrous Oxide for a space of nearly or quite sixteen minutes. Care must be taken, in administering this gas, that a sufficient supply of air be had for the patient. The patient, breathing into the bag containing the gas, it becomes surcharged with Carbonic acid gas, which might be injurious or even fatal. This had been obviated by the use of a patent inhaler, recently invented, by which a free supply of atmospheric air was obtained along with the gas.

Dr. DETWILER remarked that in repeated exhibitions of the Nitrous Oxide, it gradually lost its effect. Thus, if the effect would last, say five minutes, at the first inhalation, at the second it would last a shorter period, and finally the effect would pass over almost immediately, or at most in a very short time.

Dr. ROBERTS thought this was a very important point, and desired to know whether Dr. Detwiler's observation had been confirmed.

Dr. VON TAGEN believed that this was substantially correct.

Dr. BUSHROD W. JAMES differed from Dr. Detwiler, with regard to the best method of operating for Cataract. Whilst he did not discard the old operation of couching, he thought it would be better in most cases to extract the crystalline lens, and the modified linear operation of Prof. Graefe was the safest and most expeditious manner of getting rid of a hard Cataract. While in Berlin, last summer, he had seen Dr. Von Graefe perform this operation a number of times, and had likewise looked at many eyes upon which the operation had been performed, and from the good results that are obtained, he was satisfied that it was the best operation that has yet been suggested in Opthalmic Surgery for Cataract. It is performed thus: the eyelids being held widely apart, and the upper lid being pushed well back so as to expose freely the upper part of the globe, and

whilst a pair of toothed forceps in the hands of an assistant, fixed into the conjunctiva and albuginea just beneath the lower border of the cornea, draws the eye down and holds it, the operator with a narrow, sharp pointed knife, enters with the sharp edge looking upwards, the outer and upper part of the globe about half a line from the cornea, and about one or one and a half lines below an imaginary horizontal line drawn across the highest point of the cornea. While the knife is passing through the conjunctiva, sclerotica, and subsequently the iris, it is held with the point looking towards the central point of the anterior chamber, so that the knife enters this chamber through the iris, near its scleral margin. After about three lines of the point of the knife is visible, the blade is brought into a horizontal position, with the cutting edge still upwards, and passed across the anterior chamber and made to enter the iris on the other or inner side, near the origin of the iris, and passing on so as to come out of the albuginea and conjunctiva half a line from the cornea, at the same height of entrance. The incision is then made upwards, taking care that the cut is kept half a line outside of the cornea until the incision through the albuginea is completed. The edge of the knife had then better be turned forward, and the conjunctiva cut through with a drawing motion back and forth. The reason for this is because the conjunctiva is a yielding membrane and raises up into a fold, and by this precaution the conjunctivial incision is made to correspond with the cut through the sclerotica.

The flap is then laid back over the cornea, and the piece of iris that is found at the wound is seized with a pair of fine forceps and then pulled out a little and cut off close to the wound, thus making the latter clean and free from all ragged edges.

A properly curved sickle-shaped needle is then passed flatwise through the wound, and when well introduced, turned so as to make several incisions through the capsule of the lens, and then carried around its margin, making the opening in the capsule large. Then withdraw the needle and remove the speculum, when, by slight traction upon the fixation-forceps, and gentle pressure or mild sliding manipulation with the handle

of the needle above the posterior lip of the wound, the lens will be found to make its appearance at the opening, and can be readily removed with a small hook. The wound must be made clean before closing it; all opaque portions of the capsule or broken pieces of lens must be taken out, and any pieces of iris clipped off that are in the way of closing the wound. Then turn up the flap and adjust its edge with the other edge of the wound. The eye can then be dressed as after ordinary flap operations.

Dr. R. C. SMEDLEY referred to a case of amputation in which he was concerned some time ago. The patient was of a broken down constitution, and in a very debilitated condition. Previous to the operation being performed, medicinal and dietetic measures were resorted to with a view of giving tone to the system and preparing it for the shock. Various remedies were homœopathically administered, principally *Calcarea carb.*, and a diet, almost exclusively vegetable and farinaceous, strictly adhered to, with very happy effect. The operation was then successfully performed, and the patient made a good recovery. The arteries were found to be so much disorganized that it was with difficulty they could be secured.

Dr. VON TAGEN thought the principle of diet adhered to in the above case to be incorrect. He thought a good nutritious diet, with plenty of animal food, would be most proper in such cases. He asked Dr. Smedley upon what grounds he had used vegetable food so exclusively.

Dr. SMEDLEY replied that in this patient there existed a constitutional taint, which he would term scrofulous. In animal food, we have the clean with the unclean. Many animals offered as butchers' meat, are in a diseased condition when slaughtered, and we know that animals are as liable to disease as man. Now if we partake of this meat, we are taking into the system the germs or perhaps the detritus of the disease of which the animal was sick. He considered, therefore, that such food was not fit for the system, particularly if the latter be in an already diseased condition, as in the case related.

Dr. B. W. JAMES then called the attention of the Society to a new form of Strabismus hook which had suggested itself to his

mind whilst operating recently upon an obstinate case of external strabismus, in which he had set back the external rectus twice, and in the third operation had found it a very troublesome one on account of the great number of fibrous bands by which the muscle had re-attached itself to the sclerotica, that he had to sever. It consists in a hook which has a blade or sharp edge on the inner or concave part of the hook, about midway of the curve, or across that part next to the handle. The outer end of hook is blunt.

The advantage of this instrument is that the scissors is done away with, and the operation thereby expedited. The lids being properly held open, and the eye being fixed, there is nothing to be done after cutting through the conjunctiva and sub-conjunctivial fascia, but to take the muscle or muscular bands on the outer end of the hook, and then slipping the hook further along under the muscle, until it passes over the sharp edge, which severs it at once.

Dr. DETWILER thought there was one objection to which the instrument was liable, and that was, that all the bands of the muscle were severed that were taken up on the hook, while in the old method you could divide only a portion, if necessary. By cutting off all the muscular bands, we are liable to make a strabismus in the opposite direction.

Dr. JAMES said there would be no difficulty on that point, as only a portion of muscle could be taken upon the outer end of the hook if need be, and these divided, and then others could be taken up and cut if the first were not found sufficient to remove the squint. He had generally found, however, that the whole muscle had to be divided, and even any straggling bands that might be present. Moreover, the muscle might be taken up on the outer end of the hook and examined before the cutting edge of the hook was pushed under it.

Dr. DETWILER then expressed himself satisfied with the instrument, and said he would give it a trial.

It was moved and carried, that the hour of adjournment shall be 1 o'clock, and the hour for re-assembling, 3 o'clock.

The Chair then announced the following as the Committee on nominating officers.

Drs. Coté, Wood and Roberts. Adjourned.

AFTERNOON SESSION.

The Society met pursuant to adjournment, Dr. J. H. Marsden, 1st Vice-President, presiding.

The discussion on the subject of Surgery was continued.

Dr. W. JAMES BLAKELY gave his views in regard to the medical treatment of Strangulated Hernia, instancing a case in his practice that had resisted all manual interference, and was successfully treated by a homœopathic remedy. Dr. Blakely gave several valuable suggestions in regard to the medical treatment of this difficulty.

Dr. JAS. B. WOOD also referred briefly to the same subject.

Dr. B. W. JAMES mentioned that while visiting the hospital in Cork, he was informed by the surgeon of that establishment, that his mode of procedure in strangulated hernia, for several years, had obviated the necessity of operating. His plan is to grasp the sac containing the tumor, making *traction* upon *it*, while at the same time pressure is made upon the contained gut, which passes into the abdomen through the now dilated sac. At his visit, the surgeon demonstrated his method upon a boy just brought into the hospital, successfully reducing the hernia.

Dr. J. H. MCCLELLAND read a report of a recent case of amputation in the Pittsburg Hospital.

Also, a paper on "*Dressings in Surgery.*"

These papers were accepted and referred to the Committee on Publication.

Dr. F. A. ROCKWITH made some remarks on the use of Carbolic acid as a dressing in chronic ulceration, &c.

He was followed by Dr. Von Tagen, who also testified to its value in these cases, and lauded it as an antiseptic and preservative of bodies for dissection.

Dr. R. J. MCCLATCHEY also spoke as to its value in preserving *Cadaveræ*, and suggested that its action in the treatment of ulcers was strictly homœopathic; that the bodies he had used in his lectures before the class of the Homœopathic Medical College of Pennsylvania, had been prepared with the acid, as well as those used by Dr. Von Tagen in the Hahnemann Medi-

cal College, and that Dr. Von Tagen and himself were both suffering from what might be termed *ulceration* on the hands.

The *Committee on Nominations* then made their report, which was accepted and the Committee discharged.

The election was then proceeded with, with the following result:

President, ...	COATES PRESTON, M. D.
First Vice-President, . .	H. H. HOFMANN, M. D.
Second Vice-President, . .	JOHN J. DETWILER, M. D.
Recording Secretary, . .	BUSHROD W. JAMES, M. D.
Corresponding Secretary, .	ROBERT J. MCCLATCHEY, M. D.
Treasurer, ...	WALTER M. WILLIAMSON, M. D.
Censors, ...	J. H. MARSDEN, M. D.
	RICHARD KOCH, M. D.
	O. B. GAUSE, M. D.

The President elect was then conducted to the chair and addressed the Society in a neat speech. He thanked the Society for the honor so unexpectedly conferred upon him, and said that hitherto it has been the practice to place several in nomination and to elect by ballot. He thought the Society had been partial in this instance. He would, however, endeavor to fill the office to the best of his ability, relying upon the forbearance of the members of the Society if errors were committed, and looking for advice from those who preceded him in the occupancy of the chair.

The *Report of the Committee* [illegible]
Dr. Adolph Lippe.

On motion, the report was a[illegible]
the Publishing Committee.

The thanks of the Society w[illegible]
able paper.

DR. W. JAMES BLAKELY the[illegible]
being a proving of the *Arsenite*[illegible]
and some friends.

The paper was accepted and [illegible]
Publication.

A vote of thanks was extend[illegible]

requested to continue his observations and report at the next meeting.

Dr. J. H. McCLELLAND reported that he had taken the drug, as sent him by Dr. Blakely, but had no symptoms to report, except that after using it he observed a very marked *decrease in flesh.*

Dr. BLAKELY expressed himself as much gratified at hearing Dr. McClelland's remarks. He had observed the same thing in himself while under the influence of the drug, but did not feel disposed to attribute it to the action of the Arsenite, and therefore did not report it.

Dr. W. WILLIAMSON remarked that sometimes just such symptoms were the most valuable in a proving. While he was engaged in the proving of *Fluoric acid*, some time ago, he had been becoming more and more bald for two years; about two months after taking the acid, a new growth of hair was discovered, which continued to grow. He has found it very valuable in this affliction.

Dr. BLAKELY then referred to the proposition he had made at the last meeting of the Society, relative to the organization of a State Provers Union. This subject was discussed by the members.

Dr. LIPPE, in reply to a question, followed in some able and eloquent remarks in regard to the subject of provings; the provings of all preparations from the tincture to the highest potencies; the manner in which provings should be conducted and recorded, and the weight they would thus have on some of the vexed questions of our school, particularly that of the *dose.* He remarked that some symptoms had been arbitrarily rejected in provings because they had been obtained from potencies, instancing the *ear* symptoms of *Kali bichrom.*, rejected by the British compiler and which had been since verified frequently in practice, and some of the cases reported in the *Hahnemannian Monthly.*

The names of Drs. Chas. Fager and Wm. F. Chriest, of Harrisburg, were presented for membership by the Board of Censors.

The above gentlemen were thereupon duly elected members of the Society.

The report of the *Committee on Homœopathy and Clinical Medicine* was then read by Michael Friese, M. D.

The report was accepted, with the thanks of the Society, and referred to the Publishing Committee.

Dr. FRIESE also reported the case of a lady afflicted with Paralysis, the main symptoms being an absence of power over the muscles of locomotion, and an affection of the nerves of sensation. Her cure had not been effected, and the Doctor asked for advice in the case.

Dr. W. JAMES BLAKELY narrated the case of a boy who had been similarly affected, his lower limbs being completely paralyzed, and his growth retarded. A cure was effected by administering Bryonia, after which his system developed regularly.

Dr. VON TAGEN suggested that it might be a case of Progressive Locomotor Ataxy, and urged Dr. Friese to subject the patient to proper tests. He had cured a somewhat similar case with Bromide of Potassium.

Drs. ROCKWITH and DETWILER instanced cases similar, treated the one with Belladonna, the other with Pulsatilla followed by Silicia, respectively.

The Society then adjourned to meet at 8 o'clock, to listen to the annual address.

EVENING SESSION.

The meeting was called to order at 8 o'clock, by the President, Dr. Preston, who introduced Prof. J. H. P. Frost, the orator of the evening.

Prof. Frost then presented an able and lucid address on the scientific development of Homœopathy. He alluded briefly to the rise and progress of Homœopathy, and more at length to the wonderful and efficient results obtained from the use of the higher homœopathic preparations. He concluded by referring to the extraordinary cures effected by homœopathic treatment of the insane. He anticipated in the future bril

liant results in Homœopathy than had followed its track in the past.

The Society then went into executive session. A vote of thanks was tendered Dr. Frost for his valuable address, and a copy solicited for publication.

A motion was made that the Society meet in Harrisburg next year on the second Tuesday in May.

Dr. MARSDEN thought the meeting ought to be held later in the year, when the climate was more of an even temperature. He moved to amend by making the motion read the first Tuesday in June.

Dr. JAMES B. WOOD urged the members to sustain an amendment which he then offered, fixing the next meeting of the Society at West Chester. He thought a larger attendance could be secured by meeting there the next year, than if Harrisburg was agreed upon.

Dr. FROST was in favor of having the Society meet where the largest attendance could be had. Everybody could not be suited. But a central place would suit more than any other.

Erie was recommended by Dr. Blakely as a good place for holding the next meeting. The Society had met at Pittsburg, Philadelphia and Harrisburg, and it was as far for him when he went to Philadelphia or Pittsburg, as it would be for members from Philadelphia and Pittsburg to go to Erie.

Gettysburg was also recommended as a suitable place for holding the next annual meeting.

The Society finally agreed to meet in Harrisburg next year, on the third Tuesday in May.

Dr. WILLIAMSON then read a paper on the *Nomenclature of the Materia Medica*, and the settlement of some standard in the preparation of our remedies, accompanied with a resolution referring to the whole subject.

On motion, the paper was accepted, and referred to the Committee on Publication, and the resolution adopted as the sense of the Pennsylvania State Society. The delegates to the forthcoming meeting of the American Institute were instructed to present the subject in that body.

The *Report on Epidemics and Endemics*, by Drs. Jacob Jeanes

and W. M. Williamson, was then read by Dr. W. Williamson. The report was accepted and referred to the Committee on Publication.

Dr. J. J. DETWILER moved that the Society proceed to the election of delegates to the *American Institute of Homœopathy.* Agreed to; and the following named gentlemen were duly elected delegates:

Dr. John E. James, Philadelphia; Dr. John C. Morgan, Philadelphia; Dr. J. C. Burgher, Pittsburg; Dr. R. C. Smedley, West Chester; Dr. M. Coté, Pittsburg.

The delegates were also invited to act in the same capacity at the Michigan State Society and the Western Institute.

The Society then adjourned to meet on Wednesday morning, at 9 o'clock.

SECOND DAY.

The Society met promptly at 9 o'clock, the President in the chair. Dr. Richard Koch was appointed Secretary, *pro tem.*

The discussion on the report on Homœopathy and Clinical Medicine being in order, Dr. Rockwith, of New Jersey, read an interesting paper on the advantages of a liberal education to the Homœopathic student. The paper of Dr. Rockwith was, on motion, accepted and referred.

A report was submitted by Dr. M. Coté, of Pittsburg, relative to the Homœopathic Hospital and Dispensary of Pittsburg. The Hospital was established about two years ago. 256 patients had been admitted with a mortality of 17—less than 7 per cent. During the twenty months of the existence of the Dispensary, 2504 prescriptions have been issued, 1724 of which were issued last year. The report was accepted and referred.

The Report of the *Committee on Obstetrics* not being present,

Dr. J. H. MARSDEN submitted a verbal statement on recent improvements in Obstetrics, illustrated by several cases that had come under his care during the past year. A vote of thanks was tendered Dr. Marsden for his interesting report, and he was requested to furnish a written report for the Publication Committee.

The *Report of the Committee on Obstetrics*, by Drs. H. N. Guernsey and H. N. Martin, was then read by Dr. McClatchey.

The report was accepted and referred to the Committee on Publication, and a vote of thanks tendered for the paper.

A discussion on this important branch then ensued, principally in relation to the arresting of uterine hemorrhage and the use of the bandage in *post partem* women; taken part in by Drs. R. Koch, O. B. Gause, J. H. Marsden, W. Williamson, F. A. Rockwith, R. C. Smedley, C. H. Von Tagen, M. Friese, C. A. Stevens and others.

Some of the members alleged that medicines were not sufficient in arresting hemorrhage, particularly after parturition; that local means were necessary, the exigency requiring the most active measures. The tampon, ice, grasping the uterus, &c., were mentioned as being resorted to, and after the immediate danger had passed, then the proper remedy might be administered with advantage. Others contended, on the contrary, that the proper Homœopathic remedy had never failed them at these junctures.

In regard to the use or non-use of the bandage, after parturition, Drs. Williamson, Gause, Smedley, Von Tagen and others, regarded it as absolutely essential to the well being of the patient. While the dictates of fashion so greatly mar the female form, they contended that support at the post parturient period was necessary, and that the relief afforded to the patient after its application, as by her expressed, was sufficient evidence of its utility. They all agreed that it might be, and no doubt is, often improperly applied, and in that way may do harm.

Others of the members contended that having used the bandage for years, they had now abandoned its use, and in their estimation, with great advantage to their patients. Dr. C. A. Stevens said that he had supposed a bandage a thing indispensable, or as he humorously expressed it, that the woman would "fall to pieces," if it were not applied. Recently, however, he had had a patient who positively refused to have one on, and he was obliged to let her have her way. Much to his surprise he found she made an unusually fine recovery, and was very soon up and about. Afterwards he refrained from using it

whenever he could, and now he never applies it, and he gave it as his testimony that his patients never did better.

The Board of Censors reported favorably on the names of Drs. S. F. Charlton and J. W. Bechtle, of Harrisburg, and J. W. Brickley, of York, who were then duly elected members.

The *Treasurer's Report* was then submitted and referred to the Auditing Committee, consisting of Drs. J. B. Wood and W. Williamson.

Dr. B. W. JAMES then submitted the *Report of the Delegates to the French International Homœopathic Congress*, held in Paris, August 9th to 14th, 1867. The report was accepted and referred to Committee on Publication.

The Auditors reported that they had examined the Treasurer's accounts and found them correct. The report was accepted and the Auditors discharged. The Auditors also submitted a report to the effect that inasmuch as it is desirable that the proceedings be published without delay, and in good style, they would suggest that *the annual fee be increased to two dollars.*

This being put in the form of a resolution, was unanimously adopted.

On motion, the vote fixing the time and place of the next meeting was reconsidered.

Dr. J. S. Pfouts moved that when this Society adjourns, it does so to meet at Wilkesbarre, (instead of Harrisburg,) on the third Tuesday of May, 1869. Dr. Stevens moved to amend, by making the place of meeting, Scranton. Not agreed to, and Wilkesbarre was agreed upon as the place for holding the next annual meeting, on the third Tuesday in M

The President suggested the importan
maining in session until all the business
A majority of the members desired to lea
hence the necessity of having but one ses
made and agreed to, that there be but one

The *Report of the Committee on Homœ*
D. Cowley, M. D., was then read by Dr. M

On motion, the Report was accepted, wi
Society, and referred to the Committee on

Dr. J. H. McCLELLAND submitted, as supplemental to the Report on Statistics, that while the mortality in the Homœopathic Hospital of Pittsburg was less than seven per cent., in a similar institution in the same place, under Allopathic care, the mortality was a fraction less than thirteen per cent.

Dr. B. W. JAMES also submitted that in the Northern Home for Friendless Children, in Philadelphia, while in seven years and a half under Homœopathic auspices, the mortality was 16, in seven and a quarter years under Allopathic charge the deaths were 20, while there was one hundred more inmates during the homœopathic than during the allopathic term.

Dr. COTE, from the *Committee on Dietetics*, reported that he had been unable, from want of time, to prepare a paper on that subject.

The Report was accepted and Committee continued.

The *Report of the Committee on Hygiene* being prepared but not present, was ordered to be referred to Committee on Publication.

Drs. R. J. McCLATCHEY and B. W. JAMES were appointed the *Committee on Publication.*

Dr. J. H. McCLELLAND offered the following resolution which was adopted.

Resolved, That the Recording Secretary may affix the name of newly elected members, to the Constitution, upon the receipt of the initiation and annual fees and the requisite authority from said members.

On motion of Dr. Williamson, the Editor of the *Hahnemannian Monthly*, was authorized to publish any part of the Transactions or papers of the Society he may desire, before the proceedings are regularly issued.

The Society then proceeded to the election of an Orator and Alternate for the next session. Dr. J. C. Burgher, of Pittsburg, was chosen Orator, and Dr. R. J. McClatchey, of Philadelphia, Alternate.

On motion of Dr. B. W. James the number of members constituting each of the Committees on Scientific Subjects is to be increased; and each of the subjects to be reported on, to be

subdivided, each subdivision to be referred to a member of the Committee.

On motion, the President and Recording Secretary were instructed to appoint all Delegates, Committees on Scientific Subjects, and such other committees not otherwise provided for.

Dr. FRIESE then read a paper on the decease of Drs. J. J. Smith and J. J. Bender. The paper was accepted.

Dr. J. B. WOOD then read a paper entitled "A Resumé of Last Year's Practice." The paper was accepted and referred.

Dr. Wood's paper evoked considerable discussion on the treatment of eruptive fevers.

Dr. R. C. SMEDLEY stated that he used *Sarracenia* and *Tartar emetic* in small pox, with application of pearl-barley water to allay the itching.

Dr. C. A. STEVENS had used *Sarracenia* alone, and wished for nothing better

Dr. RICHARD KOCH had given in a severe epidemic of small pox, Tartar em. in doses of $\frac{1}{100}$ of a grain, and all his patients recovered.

Dr. WILLIAMSON made some remarks on the treatment of Syphilis, and referred to Hausmann's recent work, as containing much valuable matter for professional men.

The Report of the *Luzerne County Homœopathic Medical Society* was submitted by Dr. Stevens. The report was received and referred.

The thanks of the Society were extended to Gen'l. Jas. L. Selfridge, Chief Clerk, and Col. Smull, Resident Clerk of the House of Representatives, for their courtesy in placing the Hall at the use of the Society.

A vote of thanks was also given to the Committee of Arrangements and Physicians of Harrisburg for their kindness and courtesy.

Drs. Pfouts, of Wilkesbarre, Stevens of Scranton, James and McClatchey of Philadelphia, were appointed the Committee of Arrangements for the next session.

Dr. F. A. ROCKWITH tendered his thanks to the Society, as a representative from New Jersey, for the many acts of kindness he had received. He hoped this interchange of delegates

would be continued. He gave an encouraging report of the progress of Homœopathy in New Jersey. There were some forty members of the New Jersey Homœopathic Society, although the Society had existed only three months. The State of New Jersey counts about eighty Homœopathic practitioners. He invited the Pennsylvania Society to participate in the proceedings of the New Jersey Society.

The Resolution offered at the last meeting, that the physicians of the place of annual meeting are not expected by this Society to offer a public banquet to the delegates and members, was again adopted.

The minutes of the third annual session were then read and approved.

The Society then adjourned to meet in Wilkesbarre on the third Tuesday in May.

The following appointments of Committees and Delegates were made by the President and Recording Secretary, in accordance with the instructions of the Society:

COMMITTEES ON SCIENTIFIC SUBJECTS.

1. SURGERY.—C. H. Von Tagen, M. D., *Resumé of Improvements during the Year.*
   J. J. Detwiler, M. D., *Operative Surgery.*
   L. H. Willard, M. D., *Conservative Surgery.*
   Bushrod W. James, M. D., *Opthalmic and Aural Surgery.*
   Jas. A. Herron, M. D., *Orthopedic Surgery.*
2. MAT. MED.—W. Williamson, M.D., *New Remedies.*
   Richard Gardiner, M. D., *The Specific Action of Remedies.*
   Jacob Jeanes, M. D., *Unreliable Remedies.*
3. PROVINGS.—Adolph Lippe, M. D., *New Provings.*

3. PROVINGS.—W. James Blakely, M. D., *Partially proved Remedies.*
David Cowley, M. D., *Re-proved Remedies.*
4. OBSTETRICS.—O. B. Gause, M. D., *Improvements during the Year.*
Jas. B. Wood, M. D., *Diseases of Infancy.*
J. K. Lee, M. D., *Diseases of Pregnant Women.*
W. R. Childs, M. D., *Surgery needed in Obstetrics.*
5. ABORTION.—Henry N. Guernsey, M. D., *Spontaneous and Criminal.*
6. CHEMISTRY.—Pemberton Dudley, M. D., *Discoveries in Medical Chemistry.*
Edward Reading, M. D., *Mineral Spring Waters as Curative Agents.*
J. E. Barnaby, M. D., *Action of Gases as Influencing Disease.*
B. B. Gumpert, M. D., *Poisons.*
7. PRACTICE.—C. E. Toothaker, M. D., *New Diseases.*
R. Koch, M. D., *Skin Diseases.*
Chas. A. Stevens, M. D., *Contagious Diseases.*
W. H. Cook, M. D., *Adjuvants in Disease.*
M. M. Walker, M. D., *Local Applications in Disease.*
8. ANATOMY.—Robert J. McClatchey, M. D., *General Anatomy.*
John E. James, M. D., *Microscopy of Animal Tissues.*
J. H. McClelland, M. D., *Pathological Anatomy.*
Chas. Karsner, M. D., *Surgical Anatomy.*
9. PHYSIOLOGY.—F. B. Cooper, M. D., *Recent Developments in Physiology.*
W. T. Urie, M. D., *Physiology of Vital Organs.*
M. W. Wallace, M. D., *Physiology, Comparative.*

9. PHYSIOLOGY.—M. Friese, M. D., *Physiology of Nervous System.*
H. N. Martin, M. D., *Formation and Loss of Blood.*
10. HYGIENE.—M. Coté, M. D., *Diet in Disease.*
C. J. Wiltbank, M. D., *Baths.*
John Malin, M. D., *Exercise.*
L. M. Rousseau, M. D., *Electricity and Ozone.*
P. D. Liscomb, M. D., *Temperature as Affecting Health and Disease.*
11. PATHOLOGY.—C. G. Raue, M. D., *Practical Therapeutic Hints.*
J. R. Reading, M. D., *Diathesis.*

DELEGATES TO MEDICAL SOCIETIES.

American Institute of Homœopathy, June 3d, 1868—Drs. M. Coté, J. C. Morgan, R. C. Smedley, Jas. C. Burgher and John E. James.

Western Institute of Homœopathy, May 21st, 1868—Drs. John E. James, R. C. Smedley, J. C. Morgan, M. Coté and Jas. C. Burgher.

Michigan Institute of Homœopathy, May 19th, 1868—Drs. Jas. C. Burgher, M. Coté, John E. James, R. C. Smedley and J. C. Morgan.

New York State Society—Dr. Henry C. Wood.

New Jersey State Society—Drs. B. W. James, R. J. McClatchey and O. B. Gause.

Massachusetts State Society—Dr. S. S. Brooks.

Maine State Society—Dr. J. Howell Cox.

Vermont State Society—Dr. C. H. Lee.

Ohio State Society—Dr. J. F. Cooper.

Illinois State Society—Dr. H. M. Logee.

New Hampshire State Society—Dr. C. J. Carmany.

Wisconsin State Society—Dr. J. C. Richards.

Canadian Institute of Homœopathy—Dr. R. Faulkner.

OTHER APPOINTMENTS.

Committee of Publication—Drs. Robert J. McClatchey and Bushrod W. James.

Committee on Reports—Drs. Geo. S. Foster, Thos. C. Bunting and Alvan Williams.

Committee on Charter—Drs. Robert J. McClatchey, R. Ross Roberts, John K. Lee, Jas. C. Burgher and Bushrod W. James.

Committee of Arrangements—Drs. J. S. Pfouts, of Wilkesbarre, C. A. Stevens, of Scranton, B. W. James and R. J. McClatchey, of Philadelphia.

ORATOR.—Jas. C. Burgher, M. D., of Pittsburg.
ALTERNATE.—Robert J. McClatchey, M. D., of Philadelphia.

3

BUSHROD W. JAMES, M. D.,
Secretary.

1

ANNUAL ADDRESS.

BY J. H. P. FROST, M. D., OF PHILADELPHIA.

LADIES AND GENTLEMEN:—The traveler, who near the close of an autumn day, views your far-famed valley of the Susquehanna from the commanding summit of a neighboring eminence, looks down upon a vast and varied scene of most surpassing beauty.

The gentle, winding river, bordered by green fields,—the grassy slopes and fertile hills,—the groups of cattle, feeding or reposing,—the scattered farm-houses,—the villages and towns, all glowing in the evening sun-light and enclosed by the noble mountains round about, make up a panoramic *tout ensemble*, in which the rude and almost barbaric splendors of nature are chastened and subdued, rendered more tender and touching, by the living presence and controlling influence of man.

Wrapped in admiration, he watches the lengthening of the evening shadows, and marks the transit of the sun behind the Alleghanies, whose towering peaks and overhanging skies, radiant and resplendent in their rich effulgence, give ample "promise of a glorious morrow."

Later, the twilight that precedes the fading grandeur of the Western hills, inspires him with a delightful sense of peace; the still and quiet beauty of the earth hushed in serene repose, gratefully soothes his mind exhausted by too ardent admiration of nature in her sublimer phases.

Later still, he notes the rising of the evening star; welcomes with uplifted spirit the mighty constellations and "troops of stars," wheeling upwards from the depths of space to fill the firmament with that celestial glory with which the silent night replaces the pensive tranquility of the evening twilight.

Unconscious of the passing hours, he stands as in a dream, and sees the stars themselves grow dim before the queenly majesty of the ascending moon,—whose silver light spreads over valley, hill and shining river, a transparent mantle of liquid beauty. Star after star retires; and Luna, "treading with white feet the lulled sea," reigns supreme, until in the deeper twilight that precedes the dawn, her gentle radiance is again obscured by the greater glory of the returning sun.

All these constantly recurring and sublime changes are but the different states of development of the course of nature in the journey of a single day. And their wonderful variety, harmony and unvarying uniformity, cannot but lead us to look upward to their original conception in the mind of the *First Great Cause;* and onward to anticipate the perfect fulfillment of this conception in their exactly corresponding *final end.* For all these changes of days and seasons, all these revolutions of bodies terrestrial and bodies celestial, do but form constituent parts of one stupendous whole,—*whose single, onward and eternal movement is made up by the combination of these minor and temporal motions!*

These scanty and imperfect glimpses of the external world of nature, we have thus hastily presented, because they may serve to introduce and illustrate another, complementary world, —which also has its periods of revolution; its separate movements; its gradual progress, and its grand, united and eternal march. This is the moral universe, the world of man; an inner world, whose remarkable correspondence to the outer proves that both their forms were moulded by one and the same creating hand,—even as they are both, in their various degrees, inspired by one and the same benevolent and Divine Spirit.

This moral world, like the physical, has its regularly returning cycles; its alternations, and its revolutions; its days of illumination, and its nights of darkness and gloom; its sum-

mers of luxuriant growth, and its winters of torpid inaction and almost imperceptible preparation.

But these temporary shadows on the moral and intellectual horizon, can no more retard the sure advance of goodness and truth, than the clouds that darken the day can hinder the earth's revolution around the sun.

The ancients may have indeed exceeded the moderns in the beauty and magnificence of their external and material forms; but not in the higher nobility of the indwelling and substantial spirit. Their mausoleums for the dead may have been grander than ours; but where are the records or even the ruins of their hospitals for the living? Their warlike poems, full of proud and terrible sublimity, are admirably adapted to excite men to deeds of martial valor and fratricidal destruction; but does not a far higher and worthier spirit pervade our modern literature, which so earnestly and powerfully labors for the physical, intellectual and moral reconstruction of suffering humanity?

In high art,—strictly so called,—whether in Architecture, in Sculpture, or in Painting, the new world may not indeed have surpassed the old; but have not the moderns expressed in words, and in deeds practically developed, ideas infinitely superior to the noblest of all the ancients ever dreamed? Perhaps no modern artist has yet attained to the perfection of grace and beauty exhibited in the Apollo Belvidere, and in the Venus de Medici; but do not even the humbler representations of the Madonna, and of the Crucifixion, far more deeply penetrate the human heart, and inspire it with higher and holier feelings? The glorious symphony, "*and on earth peace to good willing men*," heard for the first time by the shepherds of Judea, chanted now in all lands, symbolizes a progress in the higher world of man, into which even the angels desired to look,—and by which all stations and degrees and movements of human life are now being pervaded, inspired and elevated. This is the true *becoming*, which shall satisfy the unexpressed desire of the whole earth; this is the predicted "star," for which the Eastern Magi watched and waited. This is the "*mercy and not sacrifice*," which modern philosophers are just beginning to read and interpret in the face of nature and of the Divine Providence.

This is the *new spirit* of the age, which renders glorious the rapidly advancing sciences and arts, *because* it makes them efficient in relieving the physical and even the spiritual necessities of men.

One of the noblest fruits of such progressive movement is freedom,—the emancipation of the mind from the bondage of old errors and prejudices, the expansion of the mind by the insertion into it of new truths, and broader and more liberal principles. So in religion,—while faith still maintains supreme sway, and spiritual insight is still acknowledged as superior to all merely intellectual perception; reason, no longer repelled and crushed, is also permitted to examine everything freely which can possibly come within her scope. So in medicine; its knowledge is no longer confined to a few, to the favored members of a single, uncharitable, bigoted, persecuting school; nor is the practice of medicine now so largely as before a fungus upon society, supporting itself at the expense of its very life. The new age has new methods and new schools in medicine; while the practitioners of the old school, no longer sustained by an exclusive monopoly, are compelled to take pains to do some real good to "the rest of mankind" by their art,—instead of remaining, as formerly, content with getting good for themselves alone.

Allopathy, in a word, before it was so greatly modified and improved by the unacknowledged but irresistible influence of the new school, not only confined its practice of medicine to its own individual members, but persistently maintained that practice in a state which, in very many instances, afforded temporary relief to the sufferer only at the expense of the certain return of the same or of some worse form of disease. In the rude but expressive language of the vulgar, Allopathy may be said to have had *a dead sure thing upon society.*

But now all this is changed. Homœopathy ha
society from such destructive bondage,—by pointi
excellent way of cure; by furnishing the men fro
ring of the professional monopolists to perform
introducing a system of practice in which diseases
less and less dangerous, and less and less liable t

individual patient, because he is treated, and still better, *cured*, without the exhibition of drugs which poison his system and permanently injure his health.

And what Homœopathy thus accomplishes for the individual patient, it also performs in a still higher degree for society at large. By robbing epidemics and other malignant disorders of much of their virulence, it greatly hinders their extension and shortens their continuance. While by that prevention which is infinitely better than cure, and by the gradual but certain extirpation of hereditary diseases and tendencies to disease, of which we already see abundant proofs, Homœopathy promises to improve the public health and diminish the amount of human suffering in the most wonderful manner, and in a constantly increasing ratio for all the generations yet to come.

Homœopathy, which in its essence is so thoroughly saturated with the new and benevolent spirit of the age,—Homœopathy, which enriches its practitioners by improving and exalting, instead of undermining and destroying the public health,—Homœopathy, whose symbol is freedom and not oppression, forms a noble illustration of progress in the inner world of man, of the very progress which it again so wonderfully and reactively promotes.

As action and reaction are equal, so Homœopathy, which is itself the result of progress, by ameliorating and gradually removing the physical disorders of man, prepares the way for a still more important improvement in his intellectual, moral and spiritual condition,—an improvement which would otherwise have remained impossible. For the complete regeneration of man on earth is dependant upon such restoration of his physical health as can be accomplished by Homœopathy alone.

What theme, then, could I choose more suitable to the present occasion, or more interesting to yourselves, ladies and gentlemen, than that of the

Scientific Development of Homœopathy?

By this I mean its interior growth as a distinct system of medical treatment. But first let me preface a single word as to its external growth and development.

Hahnemann, the illustrious founder of Homœopathy, born in Saxony in 1775, in the course of his studies of the ancient medical authors, "Saw frequently corroborated the fragmentary observation of Hippocrates, 'that diseases are sometimes cured by similars.' But not till 1790,—while engaged in translating Cullen's Materia Medica,—did he recognize in this principle an universal law of cure." In 1806 he published, in Hufeland's Journal, a concise exposition of this doctrine, in an essay entitled "The Medicine of Experience." In 1810 he published the first edition of his *Organon*, "an immortal work, which was an amplification of his 'Medicine of Experience,' worked up with greater care and put into a more methodical and aphoristic form, after the manner of some of the Hippocratic writings."

Since that period, how rapid the progress,—how immense the extension of Homœopathy! More than six thousand physicians are now engaged in practicing medicine on the homœopathic system; and in spite of the restrictions of the monopolists, these are now to be found in every civilized land; but most numerously in our own beloved country, where civil liberty powerfully promotes freedom of thought, and the most rapid advance in the sciences and arts which are of supreme importance to the welfare of society.

Other opposing systems of medical treatment have indeed arisen from time to time,—some of which made active strides to popular favor; but they have usually been short-lived, since they had little or no literature, and their founders and followers were alike illiterate. Such, however, was not the case with Homœopathy; either in respect to its founder, who was an allopathic physician of the most profound erudition; or in respect to his immediate disciples and their subsequent adherents,—for many of these were also eminent in the allopathic school before they embraced Homœopathy.

The literature of our school, on the other hand, already including some hundreds of volumes, and still constantly increasing year by year,—at once attests the present progress and stability of Homœopathy, and gives large assurance of its future substantial growth. Homœopathic works of no small extent

and value may now be found in nearly all the languages of Europe,—those in English alone constituting a good sized library.

But it is to our *Materia Medica* that the enlightened homœopath points with peculiar pride. Not to speak of its original German treasures, some of the richest of which still remain untranslated,—in the English language may now be enumerated above twenty-five volumes on this subject. These are the results of little more than half a century of work in the homœopathic school,—and their value far surpasses that of all the allopathic accumulations of three thousand years. While in the extent, minute accuracy and completeness of its acquaintance with the various properties of the mineral, vegetable and animal substances which it comprises, the Materia Medica of the homœopathic school as far exceeds that of the allopathic, as it does in the practical employment of those substances in healing the sick.

The very extent of our Materia Medica affords a noble illustration of the scientific development of Homœopathy. More than six hundred names may now be found in the published lists,—many, indeed, being as yet but partially proved and little used; while numerous others,—like Arsenicum and Sulphur, with their six or eight thousand distinct symptoms,—have been both thoroughly proved and extensively and successfully employed.

The homœopathic law demonstrates its universality, *its true scientific development*, by showing both its pathogenetic and its curative verification equally in the substances from all the three kingdoms of nature; from each of which it redeems most valuable means for its own successful application to all possible forms of acute and chronic disease.

The world of external nature corresponds to the world of man, not only because it is made for his habitation, but also because it is intended to provide the means for supplying all his various necessities. Hence this great and well-understood principle, which belongs to the world as a whole, holds equally true of all its component parts.—Hence every substance in nature, the humblest flower and the most insignificant grain of

sand, all organic, and even all inorganic forms, *are replete with usefulness for man.* There is nothing in nature but possesses motion,—which is its life; nothing but is endowed with usefulness,—which is the very soul and spirit of its life!

To the natural instinct, intelligence and higher reason of man, therefore, it is given to discern, to develop and appropriate these useful qualities.

Natural instinct and his own intelligent experience teach man, in common with "other animals," the value of the various substances which may be used for food. But neither natural instinct, the acutest intelligence, nor the empirical experience of three thousand years, nor all combined, have been able to do more than acquire a most imperfect knowledge of the qualities of a portion only of the substances which may be used as medicines. But the higher reason, under the guidance of the homœopathic law, develops in advance all these qualities in the fullest and most perfect manner. The want of this method of exploration, together with the pernicious habit of compounding drugs, has always kept the practice of medicine in the old school from advancing in equal ratio with the general increase of intelligence in society.—It remained for Homœopathy, with its method of pathogenesis and its simple medication, to remedy the fatal defects of Allopathy,—and thus to elevate medicine to its proper level with the other sciences, and to place it in the front rank of the most useful arts.

The omnipresent influence of the Infinite Benevolence is indeed sufficient to account for the general correspondence and adaptation of the world to man; and also for the special correspondence of all its different substances to his various necessities. But whence arises the still more particular relation which we find so mysteriously present, so wonderfully powerful? Why should one substance cause or remedy inflammation in the human body? Why should one plant occasion or cure spasms about the heart? Another cause or cure the most distressing asthmas? Why should one drug produce or remove mental derangement? Another cause or cure the most profound melancholy and almost absolute despair of life and of salvation?—Why does a man suffering with violent neuralgia, take with safety, to relieve his

pain, a quantity of opium which would destroy his life in health? Why can a man bitten by a poisonous serpent, drink without becoming intoxicated, an amount of spirits which would make half a dozen well men dead drunk?

Such facts as these are none the less difficult of explanation from their being of every-day occurrence. All the phenomena, which demonstrate the truth of the homœopathic law, point to the vast field of the mutual correspondence of man with the world, and of the world with man;—a field, which in the most ancient times was successfully gleaned by the cultivators of what was termed magic,—but whose knowledge of the *secret mysteries of nature* is believed to have been far superior to the boasted wisdom of the present day; a field which the pharisees of modern science seem unanimously disposed to ignore, or failing that, to warn men to avoid by anathematising it as the territory of witchcraft;—a field which a recent, very able and unprejudiced writer describes as that of a profound *casuality relation*, which embraces alike the entire universe and every individual atom which it contains.*

Another illustration of the *Scientific Development of Homœopathy* may be seen in the constant endeavor of those engaged in proving and reproving the remedies, to bring their provings into harmony with the latest discoveries in chemistry, in anatomy, in physiology, and even in psychology,—for towards this latter all modern science tends. And in the continuous effort to render the recorded pathogenesis of our medicines as exactly correspondent as possible with all the new discoveries, which have resulted from the most recent and exhaustive scientific exploration of the causes, course and consequences of individual cases and general forms of disease.—We cannot but regard it, therefore, as a noble proof of the constantly progressive scientific development of Homœopathy, that while having outstripped in a single half century the allopathic progress of a thousand years in knowledge of the Materia Medica,—it now presses still further on, determined to make its pathogenesis, or artificial

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* Vide *National Quarterly Review*, Vol. xvi., No. 32,—"Supernatural Phenomena."

pathology, keep equal pace with the advance in that structural, functional and psychological pathology which forms so important a portion of the natural history of man.—To the most intelligent men of the present day it is indeed well known that the homœopathic doctrine of chronic, or hereditary disease,—as unfolded and applied by Hahnemann,—together with the careful study and treatment of cases of sickness without obscuring them by the violent or stupefying action of powerful drugs, has dissipated in floods of scientific light, the gross darkness in which Allopathy had enshrouded pathology in all past ages.

And the scientific development of Homœopathy as an universal law of cure,—in strict accordance, therefore, with all the collateral sciences,—not only illuminates much that was before obscure in pathology, but in the most natural manner leads to clearer and more correct views in physiology, and in psychology. Under the light of the law of the similars, of pathogenetic or artificial disorders corresponding to and antagonizing natural disorders, it becomes evident that there are no such things in nature as *diseases*, according to the ordinary acceptation of the term. All those disorders which arise involuntarily in the human system, are seen to be but *deviations* from the true physiological standard of health,—capable of being rectified, or exactly antagonized, by minute doses of the drugs, which in larger quantities produce just such deviations.

Thus, under the light of the homœopathic law, the pathological condition, which constitutes what is usually termed disease, is seen to be but a departure from,—or modification of the natural or physiological condition. Even as under the dynamic influence of Homœopathy, this deviation is rectified, and the secondary, morbid, pathological condition replaced by the primary, normal or physiological state of perfect health.

Comparatively imperfect as it is at present, our Materia Medica will be found amply sufficient to meet all the forms of sickness to which the human race is liable; and this both from its own universality, and from the already mentioned remarkable correspondence of the outer or physical world to the inner world of man,—to which the law of the similars in this respect constitutes the exact key. A more particular illustration of

this great truth may be seen in the manner in which Homœopathy develops invaluable medicinal qualities from substances which, like lime and chalk, are apparently inert; and in the manner in which the deadly qualities of the most fatal poisons are eliminated, and the poisons themselves, like the virus of the rattle-snake, rendered as indispensable in saving life, as they are sure to destroy it in their natural form.

Another illustration of the scientific development of Homœopathy may be seen in the various provings made with the different preparations of drugs,—from massive and even dangerously poisonous doses, up to the medium, the higher and even the very highest dynamic attenuations of these drugs. That a full and complete pathogenetic picture of a drug can be obtained only by proving it in all these different preparations,—massive doses, and homœopathic attenuations,—is now becoming the settled conviction of the most candid, intelligent and truly rational members of the profession. And many of those in our school who were skeptical of the curative action of the higher homœopathic preparations, have had their doubts removed and their faith in Homœopathy itself confirmed, by observing the powerful influence exerted upon sensitive persons by the very highest of these preparations.

Nor should we overlook the corresponding curative action of the entire range of the homœopathic preparations in our review of the scientific development of Homœopathy. In point of fact, it is only from their power of acting beneficially in all their various preparations, that these medicines are capable of being adapted to all the various states and conditions of the ever-varying temperaments and constitutions of men and women, of the young and the old, the infant and the adult. According to these different states and conditions, the higher and the highest preparations may be found efficient when the lower and the lowest have proved unavailing; and *vice versa!*

Such considerations show the universality, and by consequence the truly *scientific nature* of Homœopathy; but its dynamic power, its wonderful vitality, and of course its actual truth as a system in strict accordance with the constitution both

of the external world of nature and the inner world of man, are still more plainly shown by its persistent and almost indestructible curative action, even when most abused. Cures are not only made with the lowest and with the highest homœopathic preparations; but even with the crude drugs themselves, *when exhibited in accordance with the law of the similars.* Cures are made with single doses, and with repeated doses; with medicines given by themselves, or in alternation, or in rotation; cures are made with separate medicines, and even with several combined in a single prescription,—after the manner of the allopaths.

Nor should we seem to give more than a most imperfect view of the scientific development of Homœopathy, if we failed to notice the wonderfully efficacious results obtained from the use of the *high potencies*, as they are called,—the higher homœopathic preparations. And here we content ourselves with referring to the 200ths of Lehrmann, and of Dr. Dunham. For although there are others professedly much higher, and whose virtues are no less remarkable, their mode of preparation is not so definitely known.

That these high potencies are valuable, that they exert, in many instances, a more sure and gentle healing influence than the low preparations of our school, is the uniform testimony of those who have most exclusively and carefully used them. That they are really efficient, that the cures which follow their use are due to their action, and are not to be attributed to chance or unaided nature, is seen from the fact that these cures appear only when these preparations are administered in strict accordance with the law of the similars.

Still further proof of the scientific development of Homœopathy may be seen in the extensive adoption of broad and liberal views,—views whose freedom and independence are in accordance with the original nature of Homœopathy itself as a reaction against the prevailing allopathic despotism. Against all efforts to establish distinct classes in our school,—as of *low potence*, or *high potence*,—the larger experience and sound common sense of the profession have effectually protested. This involves neither compromise of principle, nor surrender of the

homœopathic law; but leaves to each practitioner his own inalienable right to apply this law according to the best of his knowledge and belief. This larger liberty is of twofold advantage; since it enables Homœopathy to adapt itself to all the various states of patients on the one hand, and to all the various capacities of physicians on the other. And those homœopathic physicians who fetter themselves in advance by no abstract rule of dose, are not to be regarded as eclectics, or as compromisers; but rather as *comprehensives*, who gladly embrace the whole body of Homœopathy, and the entire Materia Medica; who employ now the medium, now the low, and even the lowest doses; and again the high, the higher, and the highest,—according to the best of their knowledge, their range of experience, and their maturest judgment.

And we believe we find additional and no less substantial proof of the constantly progressive scientific development of Homœopathy, in the efforts which are now being made to discern the principles, by means of which we may with certainty determine what *particular preparation* of the remedy homœopathic to a given case will be best suited to that individual case. By this we do not mean the potency best adapted to the constitution, sex, temperament, or form of disease, in general,—but the one which is best suited to the personal, individual case,—which all these things go to make up.

And the final and successful solution of this problem will require the combined observation, experience and judgment of practitioners whose views are broad, whose opportunities are extensive, and whose vision is neither deranged by prejudice nor obscured by passion.

But in thus advancing with our review of the scientific development of Homœopathy, we seem to pass insensibly from the sphere of the actual present to that of the possible future. This is the inevitable result of any attempt to trace the growth of a constantly progressive system.

For like Christianity, of whose benevolent spirit it seems to be the natural out-growth,—Homœopathy must still be regarded as a system but imperfectly developed. And while only some few glimpses of its last and highest forms, and proofs of scien-

tific development, may as yet be discerned among the most advanced members of the profession, we can only hope that these will be more universally exhibited, and doubt not that ere long they will be, as Homœopathy itself advances from strength to strength.

True science is all-embracing, all-comprehending; and the highest reason both allows and necessitates the very highest faith!

We have seen how the scientific development of Homœopathy shows itself in harmonious accord with all the collateral sciences, even leading and exalting them; how it corresponds with the lower or physical laws of the kingdom of nature; and how essential it is to the restoration of the physical health in the individual and in society.

It remains for us to complete our review by showing, in brief, the corresponding harmony of Homœopathy with the higher and highest laws of our spiritual nature, and of the spiritual world in the midst of which we are placed.

In man is combined the wonderful mystery of two worlds; by means of his material body he is in conscious or unconscious relation and correspondence with the physical world on the one side; while on the other side, he is placed by means of his spiritual soul in especial relation, and conscious or unconscious correspondence, with the spiritual world around him. Influences from the material would powerfully affect his body, and through that his mental and moral health; influences from the spiritual world and his own feelings and emotions no less powerfully affect the health of the material body, *in which they are necessarily ultimated.* And may we not regard it as an important proof of the *scientific development of Homœopathy*, that, by means of remedies unerringly indicated by her laws, the most subtle of these influences from the material world, which are seen to pass through the body and develop their morbid effects in the mental and moral spheres, may be met and perfectly antidoted, even when they do not apparently in the least disturb the bodily health?

And when the body itself is seriously disordered by mental and moral influences, from within or from without, may we not

regard it as still more conclusive proof of the scientific development of Homœopathy, that it removes such disorder, and relieves the mind itself, either by the direct action of the indicated remedies or by the healthy reaction of the physical system?

The last and highest proof of the *scientific development of Homœopathy* to which I can now invite your attention, may seem strange to you; but I believe it to be not less true,—and if admitted to be true, you will deem it the most wonderful of all. Who has not seen persons crazed,—subjects of that obsession, spoken of in the New Testament,—such as those from whom our Saviour cast out evil spirits? These persons from some disordered condition, not so much of their nervous systems, as of their *spiritual body*, if we may be permitted to use the language of the apostle, become subject to the irregular and controlling pressing of wandering spirits,—by whom, in the expressive language of common people, they are said to be *bewitched.* By the careful exhibition of the homœopathically indicated remedies, such unfortunates have, in many instances, been so completely restored as to be no longer subject to these demoniac obsessions and possessions.

Since, then, the homœopathic system is so evidently based upon the useful qualities of all the substances of nature;—since it has such wonderful power to develop their latent uses, and to render them applicable to the various physical, mental and moral disorders of men;—since its fundamental principles are so simple, and yet so indissolubly connected with the entire constitution as well of nature as of man himself,—so inseparably interwoven with the universal correspondence of man with the world and of the world with man;—since it adapts itself to all the morbid conditions which can occur to man in consequence of his own complex nature,—may we not justly claim for *Homœopathy* the double name of an *all-comprehending science*, and of a most *beneficent art*?

And may we not hope that this system will ever continue to receive here and elsewhere, the highest regard of the most intelligent and benevolent members of society?

II

REPORTS OF MEDICAL SOCIETIES, ETC.

HOMŒOPATHIC MEDICAL SOCIETY OF CUMBERLAND VALLEY.

THIS Society has just completed its second year and now numbers fourteen members, two of whom are honorary and correspond with the Society. Our meetings have been regularly held semi-annually, and much interest manifested; no meeting has passed without the presentation of one or more papers on interesting topics to the profession, and the discussions and interchange of views have rendered our meetings instructive and pleasant, and we believe the Society has done much to strengthen the hands of its members and speed the cause of true medical science. We send as delegates to the meeting of the State Medical Society, Drs. J. H. Marsden, B. Bowman, John Armstrong, and E. M. Garberich.

The officers for the ensuing year are—

President . . J. H. Marsden, M. D., York Sulphur Springs.
Vice-President John Armstrong, M. D., New Kingston.
Sec. & Treas. . Wm. H. Cook, M. D., Carlisle.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

This Society is in a very flourishing and satisfactory condition. Since the last annual meeting of the State Society, it has added largely to its membership.

The regular meetings of the Society are held monthly on the second Thursday of each month; but the meetings have thus far averaged fifteen yearly. A number of very interesting and valuable essays have been read from time to time during the past year, upon which animated and able discussions were had. The essays read, and the debates following them, have been faithfully chronicled from month to month, in the columns of the *Hahnemannian Monthly*, and this has doubtless added much to the efficiency of the Society, and the interest manifested in it by the members.

At the last annual meeting, held in April, the following gentlemen were elected officers to serve during the ensuing year:

President	Richard Gardiner, M. D.
Vice-President	O. B. Gause, M. D.
Treasurer	Adolphus H. Ashton, M. D.
Secretary	Rob't J. McClatchey, M. D.
Scribe	Bushrod W. James, M. D.
Censors	Jacob Jeanes, M. D.
	Walter Williamson, M. D.
	Silas S. Brooks, M. D.
Committee on Provings—	Adolph Lippe, M. D.
	Henry N. Martin, M. D.

HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHANY COUNTY.

The Society was organized in November, 1864, in pursuance of a call from Dr. J. C. Burgher, and has been steadily increasing from year to year, until now it numbers twenty-eight members, as follows: *active*, twenty-two; *associate* (students), five; *honorary*, one.

It holds regular meetings at the Homœopathic Hospital, Second street, Pittsburg, on the second Friday of every month.

Physicians passing through the city are always welcome to its meetings.

Its sessions are generally well attended, and often exceedingly interesting and instructive.

Delegates—Drs. M. Coté, L. H. Willard and J. H. McClelland.

The officers for the year 1868, are as follows, viz:

President . . .	D. Cowley, M. D.
Vice-President .	L. H. Willard, M. D.
Treasurer . . .	L. M. Rousseau, M. D.
Secretary . . .	J. H. McClelland, M. D.
Board of Censors .	H. Hofmann, M. D.
	J. C. Burgher, M. D.
	Thos. Hewitt, M. D.

HOMŒOPATHIC MEDICAL SOCIETY OF LUZERNE COUNTY.

This organization, though but recently formed, is in a prosperous condition, and its members anticipate much advantage to the spread of Homœopathy in its permanency and success.

The present list of officers and members is as follows:

President	Charles A. Stevens, M. D.
Vice-President . .	A. P. Gardner, M. D.
Secretary	Wm. Brisbane, M. D.

Members—Dr. Vail, Montrose; Dr. A. E. Burr, Carbondale; Dr. A. E. Crans, Carbondale; Dr. Sperling, Wyoming; Dr. Brisbane, Wilkesbarre; Dr. J. S. Pfouts, Wilkesbarre; Dr. A. P. Gardner, Moscow; Dr. Chas. A. Stevens, Scranton.

REPORT OF THE HOMŒOPATHIC HOSPITAL AND DISPENSARY OF PITTSBURG.

The delegate from this institution begs leave to report that the hospital and dispensary established two years ago, has continued in successful operation during the past year.

During this period, the trustees have succeeded in placing the institution on a firm financial basis, and also in organizing an efficient medical board, who manifest a deep interest in placing the hospital in a position that will do credit to Homœopathy.

In connection with the hospital is the Ladies' Homœopathic

Charitable Association, composed of over two hundred members, whose receipts for the past year have been over $9,000, which is appropriated for the support of all charity patients. This, with the income derived from pay patients, renders the institution almost self-supporting.

There have been admitted to the hospital from the organization to the 1st April, 1868, 256 patients, with a mortality of seventeen, or less than seven per cent. Of this number, 162 were admitted this last year.

The Dispensary Department, as a feature of the hospital, has done much to popularize Homœopathy among the poorer classes, and it is the pioneer homœopathic institution of the kind of western Pennsylvania.

During the twenty months of its existence, 2,504 prescriptions have been issused, 1724 of which were for the last year.

The officers of the institution are as follows:

President	Hon. Wilson McCandless.
Vice-Presidents . . .	Maj. Wm. Frew.
. .	Wm. Metcalf, Esq.
Treasurer	Geo. Bingham, Esq.
Librarian	Major J. M. Knapp.
Secretary	J. C. Burgher, M. D.

Executive Committee:

Judge McCandless, Major Frew, W. Metcalf, M. Coté, M. D., Ed. Miles, J. C. Burgher, M. D., Capt. James Boyd, J. H. Mc Clelland, M. D.

Medical Board:

Consulting Physician—H. Hoffman, M. D.

Medical Staff—D. Cowley, M. D., L. M. Rousseau, M. D., F. Taudte, M. D., J. E. Barnaby, M. D.

Obstetrician—D. Cowley, M. D.

Surgical Staff—J. C. Burgher, M. D., L. H. Willard, M. D., J. H. McClelland, M. D., Walter Ure, M. D.

Dispensary Physician and Surgeon—J. H. McClelland, M. D.

In conclusion, we can conceive of no better or surer means of popularizing and establishing Homœopathy, our glorious

system, than by initiating institutions of this character. The beneficial effects have already been felt in our community in dispelling the existing prejudices against our school, much to the chagrin of our opponents. Respectfully submitted by,

M. Coté, *Delegate.*

REPORT OF THE DELEGATES TO THE FRENCH INTERNATIONAL HOMŒOPATHIC MEDICAL CONGRESS.

Your delegates to the International Homœopathic Medical Congress, held in the city of Paris, France, August 9th to 14th, 1867, respectfully report that the Congress was attended, and this Society represented therein by Bushrod W. James, M. D., whose credentials were duly recognized by the body, and that he was appointed by it a committee of one to report upon the subject of the "Condition of Homœopathy in America."

The Report was prepared and presented and was accepted, and appears among the published transactions of the Congress.

The system of homœopathic medicine throughout the various countries of Europe, although not progressing in its spread quite as rapidly as in our own land, yet has a good firm foothold there and is recognized and employed by a number of the royal families and many of the nobility and influential citizens, whilst a large majority of the intelligent and highly educated classes in every European country respect its truth and regard it as a permanent system of medicine.

We would suggest that this Society open correspondence with the various foreign homœopathic medical organizations, and that a copy of our proceedings be sent to each.

C. Neidhard, M. D.,
Bushrod W. James, M. D., } *Delegates.*

REPORT OF THE COMMITTEE ON CHARTER.

The members of the Society will remember that at the last annual meeting, held in Philadelphia, the Committee on Charter

reported that pursuing the duties of their appointment, a bill had been prepared which had been presented in the Senate by Hon. George Connell, and that the Committee were then informed that, under the amendment to the State Constitution, the power to grant such acts of incorporation or charters is vested in the Courts. Upon this report being rendered, the Society continued the Committee, with full power to procure a charter from the proper quarter.

The Committee would now beg leave to report that after mature consideration of the whole matter, and upon information gained from legal gentlemen, they have found that the Society would take nothing, or at most but very little useful or necessary to it as a body, by such a charter from the Courts; and having been informed that it is the purpose of the Allopathic Medical Society of this State to make application for a charter conveying special privileges, they have deemed it advisable to not procure any act of incorporation at the present, and would ask the Society to discharge them from the further consideration of the subject; or if they deem it best, to continue the Committee, with power to act at the proper time.

All of which is respectfully submitted.

Robert J. McClatchey,
J. C. Burgher,
B. W. James,
R. Ross Roberts,
John K. Lee.

REPORT OF THE PUBLICATION COMMITTEE.

The Committee appointed at the last annual meeting of this body, for the purpose of having published the transactions of the first and second annual meetings, would respectfully report that they have fulfilled the duties of their appointment, by having had printed three hundred copies of said transactions, of which two hundred copies were distributed to members and others, and one hundred copies now remain as the property of the Society.

The Committee would further report that in preparing these

transactions for the press, they have, while acting under the powers vested in them by the Society in regard to curtailing reports of committees, etc., endeavored to give a faithful report of all the proceedings of the Society, and to do full justice to all those who contributed papers which were read before the Society, and trust that in this respect they have met the wishes and gained the approval of every member.

Owing to the absence in Europe of one member of the Committee (Dr. B. W. James), and the pressure of editorial labors imposed on another member (Dr. J. H. P. Frost), the burden of preparing for press, and publishing the pamphlet, necessarily devolved on the third member of the Committee. In this way the delay in issuing the proceedings is accounted for.

All of which is respectfully submitted.

B. W. James,
R. J. McClatchey,
J. H. P. Frost.

III

REPORT ON IMPROVEMENTS IN SURGERY.

BY J. J. DETWILER, M. D., EASTON, PA.

THE constant pressure of business, and the frequent interruptions which dissipate every hour of comparative leisure, have rendered it impossible for me to prepare anything like a complete report.

But that I may not seem entirely to neglect the duty imposed upon me, or to be unconscious of the honor which it at the same time conferred, I have with great difficulty, and in a hasty and imperfect manner, thrown together some observations on those branches of surgical practice which I have most frequently been called upon to treat. To these I have added brief notices of some few cases—out of many that might be adduced,—the successful treatment of which happily illustrates these observations. Some of the cases may be made still more interesting by exhibiting the instruments and "specimens" which belong to them.

ANÆSTHETICS.

Notwithstanding the new discoveries and recent improvements in anæsthesia, *Chloroform* and *Ether* still remain unrivaled as our most potent and reliable anæsthetic agents. Neither can be justly called safest or best; for in surgical practice, both are needed and both are used, either separately or in combination.

In minor surgical operations, the *nitrous oxide gas* has of late been advantageously employed. In my own practice I have

used it with great satisfaction to myself and patients, in lancing *paronychia*, dissecting out the whole great toe nail, cutting *staphyloma-corneæ*, and even in extirpating small tumors. In major operations, however, this agent is not reliable. When it was first introduced to public notice, I operated upon a young man for the removal of a necrosed tibia, placing him under the influence of the gas. But soon after making the incisions, I found that the operation could not be completed without the administration of the more potent anæsthetics. And in all subsequent cases which have come under my observation, the insensibility to pain produced by the gas, was of very short duration.

Still the *nitrous oxide* has its own peculiar advantages and definite sphere of usefulness. It is very agreeable to inhale, leaves no unpleasant after-effects; and as yet no disordered condition has been recorded as consequent upon its exhibition, which would preclude its use even in delicate subjects. Indeed, I think it may be administered with safety in many cases in which from evident phthisical habit, or from existing cardiac difficulty, the prudent surgeon would be reluctant to employ the Ether or the Chloroform, or any mixture of them both.—Hence, also, the gas can be safely trusted in the hands of dentists, who use it daily and hourly with perfect immunity.

In regard to the *local anæsthetics*, I desire to add a word of caution. In the employment of such powerful congealing preparations as the Rhigolene spray and other similar freezing applications, it should be remembered that we have no criterion to enable us to determine how far to go or how long it may be safe to continue the application. Hence, even in such small operations as the extraction of teeth, or those suitable to a paronychia, there is great danger of sloughing; and the use of such local anæsthetics, which at first promised to become very general, is already being abandoned.

ANEURISMS.

Acupressure, as described by Sir James Simpson and
seems to me to present no striking advantages over otl
rations for aneurismal tumors. Some improvements

treatment of aneurisms, consisting principally in mechanical and digital compression, forced flexion, etc., have been instituted instead of the Hunterian operation. These improvements are recommended as being less dangerous, more humane and scientific, and productive of results more encouraging than those which follow the latter operation.

HEMORRHAGES.

In arresting hemorrhages by ligation; the silk ligature still remains pre-eminent. As a substitute for it, acupressure is brought before the profession in the writings of the inventor; and Professors Pirrie and Keith of Aberdeen, publish many cases endeavoring to prove its utility and commendable advantages. But I think it quite unlikely that it can ever come to supplant the ordinary silk ligature as an efficient means for arresting hemorrhages.

As a suture in bleeding wounds, the silk is also preferable to metallic ligatures. It is again more frequently used and can be more easily removed from the wound. The wire suture is less irritating, and is therefore now mostly confined to operations where long retention is required,—as in the operation for vesico vaginal fistula, etc.

In *epistaxis*, the surgeon is often foiled in plugging either the posterior or the anterior nares with tents composed with different materials, and saturated with various hæmostatics. In such cases, where internal and local means fail, and before resorting to the plug, it is important to instruct the patient to breathe exclusively through the nose, keeping the mouth firmly closed. In this way, the hemorrhage will in all probability be speedily and completely arrested; for by thus assisting the coagulation of the blood in the nostril, a more perfect and efficient plug will be obtained, *in loco*, than can be made and introduced by any surgical skill. Nor is this simple method of procedure ever likely to fail, except in persons of an hemorrhagic diathesis; in which cases our main dependance will necessarily be internal medication, which falls rather to the province of the physician. Some months ago I was called to visit a lady who had a profuse hemorrhage from the nose, caused by her

physician making several ineffectual attempts to remove a nasal polypus by torsion. He had injected into her nostril various astringents, even that most powerful hæmostatic agent known as Monsell's salt (subsulphate of iron), but all to no effect. The patient was simply directed by me to breathe as above recommended; the nostril was soon plugged, and the hemorrhage completely arrested. A few months later I removed from her nostril an unusually large polypus, and no hemorrhage followed.

In another instance, an alarming epistaxis consequent upon suppressed menstruation, in a lady aged about forty-five years, evidently connected with the critical age,—yielded to the same method of breathing through the nostril alone, after all other attempts had proved futile, and the hemorrhage had continued uninterruptedly for several successive days. I am satisfied that the knowledge of this simple method may often prove of the greatest value to the surgeon.

REMOVAL OF FOREIGN BODIES FROM THE NOSTRIL.

When foreign bodies, with smooth, round surfaces,—such as beads and beans,—become lodged high up in children's nostrils, the most dexterous surgeon is often foiled or unnecessarily detained. The restlessness of the little patient and the consequent exceeding difficulty of grasping the object, and the frequent slipping of the forceps from the smooth surfaces will sometimes render all ordinary attempts to extricate the intruded substance ineffectual. By forcibly blowing into the child's mouth, and at the same time closing with the finger the free nostril, the foreign body can be speedily and easily ejected. This movement should be suddenly made,—as if attracting the child's attention by a motion to give it a kiss.

HARE-LIP.

The operation for *Hare-lip* is much simplified of late, and it is now a well established fact that the operation can be successfully performed at any age. Not long since, I operated upon an infant but a few months old, with perfect success. The greatly deformed lip and projecting alveolæ, required the removal of a

considerable portion of the bone and soft parts. To restore symmetry in the removal of the soft parts, and in freshening the approximating raw surfaces, the *scissors* have a decided advantage over the knife. In cheiloplastic operations in the adult also, the scissors may often supersede the knife. I operated in three cases of epithelial cancer of the lower lip, each of which required the excision of the entire lower lip, which was perfectly accomplished by means of the scissors. The cut surfaces were approximated by hare-lip pins and interrupted sutures of silk; and notwithstanding the severe tension to which the adjacent parts were subject, they all healed kindly, and by the first intention.

FRACTURES OF THE SKULL WITH DEPRESSION.

In removing fragments, in cases of fracture of the skull with depression, I have found a very great advantage in the use of an ordinary steel blade, narrow and thin, having a few grooves upon its surface at the end to prevent it from slipping when used as a lever. I hold in my hand the instrument, which in several severe cases of fractured skull, has saved me from the necessity of performing the tedious and dangerous operation of trephining. In these cases, I make a crucial incision, and by carefully introducing the end of the instrument beneath the edge of the depressed fragment, I lift it up and so remove it entirely. The nearly circular bone, which I now show you, was in this manner removed with the greatest success, even after convulsions had set in. The patient, a boy aged eight years, was struck upon the *os frontis* by a stone thrown by a comrade, causing a clean fracture and depression of a portion of the bone, four and a half inches in circumference. At first I hoped to allow the fragment to remain, and to trust to nature to promote its reunion. But the depression and consequent constant pressure upon the brain were too severe; and convulsions set in, so that I was compelled to remove this fragment by the aid of my lever, by candle-light,—when the operation of trephining would have been unwarrantable. The patient did very well, and is still under treatment for the cerebral hernia, which could not be prevented, but which is now being gradually reduced by careful compression.

PARACENTESIS THORACIS.

In paracentesis thoracis, it is an established rule to make the opening one inch and a half long, between the fourth and fifth, or fifth and sixth ribs, at or a little beyond their middle. But in two instances which came under my care, one an adult, the other a youth of sixteen years, I made the opening without regard to this rule,—where the protrusion between the intercostal spaces was most prominent, and secured in both, a restoration to perfect health. In the youth the opening was made near the axilla, and an immense quantity of pus discharged. In the adult the opening was made between the third and fourth ribs, close to the left nipple. Here, as in abscesses, nature may safely be allowed to point out the proper place for the incision.

HERNIA.

In strangulated hernia, taxis is greatly facilitated and rendered almost painless by the careful application of Richardson's Ether spray. Among the numerous plans devised for the *radical cure* of hernia, I think that of Mr. Wood, of London, is justly entitled to a preference. This consists in establishing adhesive inflammation by invaginating and plugging up the herneal canal. In the operation for strangulated hernia, when the stricture can be divided outside of the herneal sac, leaving the sac itself intact, and transfixing the sac or fascia near to the insertion of the external ring, much can be accomplished towards a radical cure. The division of the stricture outside of the sac, I have performed, but it cannot always be done. This procedure, by securing a radical cure in conjunction with the operation at the time necessary for the present relief of the strangulation, would be a great improvement upon the old method,—in which the patient is left under the former obligation to wear a truss, and constantly exposed to the danger he had just escaped.

CATARACT.

The operation for cataract by reclination has been pronounced clumsy and violent, and extraction of the opaque lens much

extolled. But I have performed the former in very many cases with good results. The lens being gently reclined out of the axis of vision, and the capsule *completely* divided, direct vision is restored;—the aqueous humor subsequently dissolves the lens. In one case of congenital cataract, in a child one year old, vision was secured by this operation. In another, forty years of age, blind for eighteen years, vision was restored in both eyes by reclination at one sitting. In another case of an old gentlemen, seventy years of age, both eyes were operated upon at a single sitting, vision was perfectly restored after he had been blind many years. Here was no vomiting, no violence; no subsequent ophthalmia. In my hands this operation has proved invariably successful; this may be attributed in some measure to the accompanying use of the suitable homœopathic remedies to prevent subsequent inflammation. *Aconite* and *Arnica* have been principally relied on for this purpose.

PERINEAL URETHROTOMY.

At the last meeting of the American Institute of Homœopathy, Dr. Helmuth reported an interesting case of stricture of the urethra requiring urethrotomy for relief. In intractable stricture of the *urethra*, complicated with perineal fistula and great local and general suffering, Mr. Symes' operation, by perineal section, should be adopted.

In *stricture* of the *rectum*, I know of no operation which promises much. I have here a *dilatable* bougie, devised by my father, Dr. H. Detwiler, Easton, Pa., which has rendered good service in two cases in which it was recently used. An old gentleman, aged about seventy, suffered much from a callous stricture high up in the rectum; and he declared himself to have experienced great relief from the application of this instrument. Mrs. R., aged about thirty-five, has also experienced benefit from its use. She has been under homœopathic treatment since last November; and still suffers from the stricture, but continues improving under Calc. carb. She had been operated upon by other surgeons for hemorrhoids, and for fistula in ano, and was finally pronounced by them incurable. She

is now able to retain with comfort this large sized silver bougie. An ordinary full sized gut, inserted by means of a small bougie and then injected, makes an efficient dilator. Strictures of the rectum is by no means a rare disease. Digital exploration is too often neglected by surgeons, and thus this otherwise obscure but exceedingly distressing difficulty may fail of being immediately diagnosed. In this connection I am reminded of a case of enormous tympanitic distension occurring a few days after delivery, which must have proved fatal if I had not relieved it by introducing a long gum elastic tube high up into the rectum, through which the confined air escaped with continuous audible sound like the whistling of a tea-kettle.

FRACTURES OF THE LOWER EXTREMITIES.

Drs. Swineburn and Buck have indeed demonstrated the great advantages of adhesive plasters, pulley and weights; but in fractures of the femur, I have always found the double inclined plane fully sufficient. In fractures of the leg, whether simple or compound, the ordinary fracture box with bran, resting on the bed or supported on a swing, answers every indication. If time permitted I would introduce many interesting and complicated fractures treated by these methods. The treatment of fractures without splints, according to Swineburn's mode, seems to be received with great favor by the profession. I have, however, no cases to report. For want of time I must also pass unnoticed, reductions of dislocations, ophthalmology, orthopedic surgery, and the operation of staphyloraphy. In all the above surgical branches cases have come under my care which are highly instructive and ought to be here reported.

LITHOTOMY IN THE FEMALE.

In lithotomy in the female subject, either dilatation or division of the urethra,—the usual modes of procedure in these cases,—is almost to a certainty followed by more or less incontinence of urine. The operation of crushing the urinary calculus in the bladder lessens the danger of this great and irremediable evil in a very marked degree. I have never resorted

to the operation of dilatation, but have always succeeded by crushing, or by division of the urethra. The cases which came under my care were aged subjects with unusually large concretions. In one case of a lady, aged sixty-five years, the calculus was much larger than the one I hold in my hand (five inches in circumference and three inches in length). From another lady patient, this large mulberry calculus now in my hand was removed. And in another case, Professor Gibson of the University of Pennsylvania, had operated fifteen years previously, by the division of the urethra downwards, by which operation permanent incontinence of urine was established. In this case I was obliged to make an incision directly upwards towards the pubic symphysis, and thus remove a large calculus in fragments.

To lessen the danger, or avoid entirely the sequel of permanent incontinence, when the stone is unusually large and too hard to be crushed by Civiale's lithontriptor, an extraction of the concretion through an incision made into the base of the bladder would be justifiable. I regret that I have no case to report, but whenever another case presents where incontinence is sure to follow the usual methods of operating, I shall prefer this plan. The patient is to be etherized and placed in the most favorable position for the vesico-vaginal operation. Bring the stone down to the base of the bladder, either by the aid of the finger in the vagina, or by forceps introduced through the urethra, and make a beveled incision through the vesico-vaginal parietes immediately over the fixed calculus. Or, if the stone cannot be brought down and thus fixed, introduce through the urethra a curved grooved director or staff into the bladder, pressing it firmly against its base, which will serve as a guide and a *point d'apui* for the bistoury, and enable the operator to extract the stone through this vesico-vaginal opening. By beveling the cut, the lips of the wound may be lapped slantingly together, and their fresh surfaces closed by the silver wire suture, and by thus completing the operation, as in that for vesico-vaginal fistula, the chances are many towards a complete restoration of the patient's health, without her becoming a slave for life to that still worse affliction, incontinence of urine.

LITHOTOMY UPON THE MALE.

This operation is much simplified, and gives more favorable results, by making the incisions small, and using an ordinary bistoury instead of the gorget. I herewith present a small stone, which I removed from a male infant of eighteen months, by the lateral operation. The child made a perfect recovery and is now in good health.

From another child, five years of age, and another of eight, I have also removed these calculi with similarly favorable results. In each of these cases, the incision was made along the urethra as closely as possible, up to the anterior border of the prostate gland and posterior part of the membranous portion of the urethra, so as to divide but little of the membranous portion, thus avoiding the deep perineal fascia, and guarding against urinary infiltration and vesico-perineal, or vesico-rectal, fistulas. I may add that etherization obviates the disagreeable necessity of tying the hands and feet, as usually recommended.

I hold in my hand, and take pleasure in presenting for your inspection, this large urinary calculus, which, when first extracted, weighed a half-pound. This stone I removed from a gentleman at the advanced age of seventy, who made a perfect recovery, notwithstanding a retention of urine for four days and an extensive infiltration of urine into the scrotum, perineum, and adjacent tissues. In this operation I had but a single assistant. The gentleman is still living, and leads an active life. In his case, the external perineal incision was only about two inches and a quarter in length. I am not aware of the report or record in surgical literature, in this country, at least, of so large a calculus being removed *entire* with such complete success, especially at an age so advanced.

EXTERNAL APPLICATIONS, AND DRESSINGS TO WOUNDS.

BY J. H. McCLELLAND, M. D., OF PITTSBURG.

It is generally admitted that medicines are absorbed and affect the organism with equal, if not greater facility, when applied to abraded surfaces and open wounds, as when administered *per vias naturalis*. Hence, hypodermic injections have become a favorite method with many, of administering morphia and other drugs possessed of great power in small bulk.

These remarks are made for the purpose of showing, that the practice of keeping wounds continually bathed in medicated lotions is equivalent to an uninterrupted repetition of doses; which all will agree is not only unnecessary, but in many cases actually hurtful. This admitted, it would follow that the proper method would be to apply medicines externally, no oftener than we would prescribe them internally; thus giving them time to act without undue interference. The practice, also, of giving one remedy internally, and applying another externally, should be avoided as much as possible, unless we take it for granted that alternation is justifiable, and many think it is.

It is not my purpose to enter into a discussion of this subject, however, but only to direct your attention to a few external applications and dressings, which I have found useful in hospital and private practice, without laying claim to originality in so doing.

Carbolic acid in various shapes and combinations, has, in many cases, proved its antiseptic and even healing properties. In deep, unhealthy and indolent chronic ulcers of the legs, resulting from burns, an application of carbolic acid in linseed oil, in the proportion of one part acid to eight or ten of oil, has caused rapid granulation and healing. I have also witnessed good effects from this same application upon recent burns and chronic ulcers of the legs from various causes.

I have cured cases of chronic ulcers with internal remedies alone, and believe this to be the only true way of permanent

cure, but the cases upon which I tried the acid, had resisted treatment for a long time, and the application was made with a view of testing its value. In a case of psoas abscess, with one fistulous opening in the groin and another in the posterior part of thigh, a putty was prepared, as recommended by Prof. Lister, of Glasgow, of linseed oil, whiting and carbolic acid (one part acid to four of the oil), for the purpose of excluding air and parasites from the suppurating surfaces, the latter of which Prof. Lister conceived to be the cause of continued suppuration; I could, however, observe no effects, except such as might be attributed to the antiseptic properties of the acid.

Styptic colloid of Richardson, composed of a solution of tannin in absolute alcohol, to which ether and gun-cotton are added, is both styptic and antiseptic. I have used it in forming an artificial integument upon abraded surfaces of greater and less extent, and with very satisfactory results. In one case, from which a tumor had been excised, and where sufficient healthy integument could not be secured to close the wound, leaving an uncovered surface almost as large as the hand, I applied the styptic colloid with fine scraped lint, and formed a complete scab over the surface. It is recommended in a more dilute form, for hemorrhage of the nasal cavity, uterus, &c., but I have had no occasion to use it in such cases.

Oakum is being much used to absorb discharges, and is in most cases to be preferred to linen and cotton cloth. In abscesses, caries, and discharging wounds, it is a superior dressing, readily absorbing the pus, and by its disinfectant properties preventing offensive smell. It is employed almost exclusively in the Homœopathic Hospital of Pittsburg, and is found to be cheap, and gives much less trouble than muslin rags.

In regard to *calendula* and *arnica*, it has been my experience and that of many others, that the uninterrupted application, especially in the form of crude tincture, is not as salutary and satisfactory as when applied at intervals, and more or less diluted. In fact, I have obtained very gratifying results by using simple dry dressings externally and administering the remedy internally.

IV

REPORT OF COMMITTEE ON PROVINGS.

BY ADOLPH LIPPE, M. D., OF PHILADELPHIA.

PROVINGS form the corner-stone of the school of medicine which we here represent. The first step towards Homœopathy was a "*Proving.*" It was the corner-stone of the great structure progressively developed, permanently established and still growing by "*Provings.*" Darkness had its three thousand years, and medical blindness presented a pitiable picture. Theories and conjectures did not reveal the curative properties of the various medicinal substances; the experiments on the sick were not calculated to shed a more brilliant light over drug-action than the speculative experiments had obtained; the various medicines were arbitrarily pressed into a livery, and there was no escape from the conscription; but when they were called forth to perform the evolutions as these were laid down for them in the Materia Medica of the school of blindness, they would not perform, and the adjuvants and corrigents made matters worse. Confusion, contradiction, and, worse than all, ill success, followed this preposterous practice. If blindness had not been actually enjoyed by the representatives of the healing art, surely the bitter satire of Molière, and other authors of distinction, would have restored to them a glimpse of vision at least, but on they stumbled and are stumbling still. Hereditary blindness is a characteristic of the common school this day, which venerates this inheritance of three thousand years, and with their rivals, the Eclectics, would accept cheerfully new remedies from the domestic circle and from the domestic practice, but they shut their eyes and turn their backs on "*Provings.*"

Hahnemann was the first physician who consistently and successfully proved medicines on the healthy. The results of his first proving of Peruvian bark on himself, were, in themselves, sufficient evidence that the provings of drugs on the healthy would reveal clearly and unmistakably what drug-actions they possessed; and having so obtained this indispensably necessary knowledge of drug-action, he was at once in a condition to make further conclusions from such facts as were revealed by the applications of known drugs to the sick. All possible means by which to obtain a knowledge of drug-actions, having ended in multiplied disappointment and confusion, Hahnemann presented to the world the only rational method by which we can learn the peculiar effects of every individual drug, of every curative agent, on the human organism. The provings showed the precise, and from each individual substance, different and characteristic changes in the sensations and even in the various tissues. Each individual drug had its characteristic pains, attacked certain localities or tissues more than others, caused its general effects under certain conditions and circumstances, and often with recurring concomitant symptoms. It was a self-evident proposition that there could be no settled or fixed law of cure established in medicine, without having first and foremost a knowledge of the precise effect of every individual drug. This knowledge, as we have shown, can only be obtained by provings. Every additional proving developed new means of establishing the proof of the correctness of our law of cure, by enabling us to state results—cures. As there can be no limit to knowledge in general, and as there remains yet a great many curative agents unproved, we can further the progressive development of Homœopathy best by continuing "*to prove.*"

The best guide for the rules to be adopted in further provings, will be found in the accumulated results obtained by the various provers. In consideration of the collection of these historical facts, we shall now suggest such rules as may possibly best assist us in further provings.

The first consideration is,—*the drug to be proved.*

The selection of the drug to be proved is the first important step. We may very naturally look for a choice among such

drugs as are known to have cured diseases; but, as the cures already reported must be considered accidental occurrences, and cannot possibly serve as precedents to be used for selecting curative agents, we can obtain a reliable knowledge of the drug-action only by subjecting it to a proving, through and by which we will be enabled to know, with almost mathematical accuracy, under what circumstances and conditions this drug may become the truly homœopathic curative agent in any individual case of sickness. The allopathic school but seldom offers us a new remedy, and their stock has been well nigh exhausted. The eclectic school offers us many more new drugs. The popular use of a number of plants, has induced them to incorporate them with their Materia Medica, but the vague manner of recommending a drug for a form of disease, without being able to state its peculiar and special effects, leads to the same disappointments that called forth provings of our school. Gladly acknowledging the hints of the occasional usefulness in curing the sick, of the various drugs used in domestic practice, we should sternly reject their introduction into our school, or even the using them as curative agents, until they have been sufficiently proved to warrant their being positively assigned their proper places in our Materia Medica.

After having determined on the drug to be proved, it becomes necessary to *obtain it in its fullest perfection and purity*, and to note the mode and manner in which it was obtained. If a plant, it should be obtained in its own proper and natural locality of growth. This locality, the time of the year, and even the time of the day in which the enumerated parts were collected for maceration or triturition, should be explicitly stated. If it be an animal poison, it is desirable that the animal itself should be properly described, the mode of procuring it, and the manner by which the poisonous part of it was obtained and prepared. If a chemical preparation or a metal, it should be stated where it was obtained, by whom and how prepared. It is positively necessary that provers should all be furnished with an identical preparation, and this should also be at the command of those who are desirous of verifying the correctness and reliability of the provings by the only admissible test, the clinical experiment.

Having obtained the substance to be proved, we must now have *the prover.*

The substance to be proved having been selected and prepared, should be proved by as many persons of both sexes, of various ages, temperaments and conditions of life as possible. The prover should state sex, age, temperament, condition and predisposition to disease.

The next consideration is, *the dose to be proved.*

Having the substance to be proved, and the willing prover, the next point to be determined is the dose or doses in which the substance shall be proved. Much depends on the remedy itself, and also on the susceptibility of the prover in general, and his individual susceptibility to the effects of the class of substances now on trial, or on his susceptibility to potencies. The proving will not only show the positive changes of the sensations and functions of the organism, caused by the substance, but may also serve, in a great measure, to solve the question of dose; and in order to obtain such an additional development of facts, different provers, individually differently susceptible to the influence of drugs, should prove different potencies, even the highest; and the differently prepared potencies should be taken, *provided the mode of preparing them is known to the prover.* Preparations foisted upon the profession, with a pretence of superiority, the principles of their preparation being kept secret, should be rejected, as the results of such provings would give no solution to the questions involved, and shed no further light on the question of doses, as the prover could not be supposed to take for granted what is denied to him to know, —the exact relations the unknown principle of preparing this potency, bears towards potencies prepared according to known principles. The most experienced provers suggest that *one* dose should be taken, and this dose of such strength and in such a potency as will be sufficient to develop legitimate symptoms, and that sufficient time should be given this one dose to develop and exhaust its effects; and no other dose of the same substance, or of any other should be taken, until at least a fortnight after the last observed symptom had subsided. It has been further suggested that in order to obtain principally ob-

jective symptoms, especially those of the skin, it would be advisable to repeat the dose, at short intervals, until such objective symptoms suspend the first developed, mostly subjective, symptoms.

It becomes next necessary to dispose of *the records of provings.*

Every symptom showing a deviation from the habitual sensations, or a change in the function of any of the organs of the prover, should be noted down at the time it occurs, stating accurately the time, the condition under which it was aggravated or ameliorated, or what other symptoms were accompanying, at the time it occurred; and this should be continued as long as any of these changed sensations manifest themselves. It is better to set down three doubtful symptoms than to omit one from doubting it. The comparisons with other provings, may confirm a doubtful symptom, and the predominating characteristic effects of the substance proved, makes it an easy task for the compiler of all the provings to point out the confirmed symptoms and single out the doubtful ones, accompanying them with a note of interrogation (?) The prover should also state accurately whether anything strange interfered with the proving. Every mental disturbance, or any unusual change of habit or diet, should be carefully stated, as any of these interfering causes may antidote the dose taken, or cause it to develop some effect peculiar to it under just such circumstances. The records of provings should be preserved and published, as in many instances, these individual, consecutively appearing phenomena, present a perfect similimum of some individual form of disease, when presented for study to the experienced practitioner; this impression is obliterated, when at last all the provings are compiled into a complete *scheme*, as must be the case, if the provings shall be made accessible to the practitioner.

PROVING OF CUPRI ARSENITUM.

BY W. JAMES BLAKELY, M. D., OF BENZINGER.

Cupri Arsenitum; Cupri Oxydum Arseniatum; Arseniated Oxyd of Copper; Scheele's Green; improperly called *Cuprum Arsenicum*, and *Cuprum Oxydatum Arsenicosum.*—This substance not being officinal in the Allopathic Materia Medica, no formula for its preparation is given by the dispensatories of that school, nor is it even mentioned by them. In the symptomatology of Jahr, it occupies a place, and a few symptoms are given from Noack and Trinks. These symptoms having been corroborated during the present proving, I have incorporated them, as I have also done with those obtained from cases of poisoning, when I was positively certain that they were undoubtedly effects of this drug. In both cases, due credit has been given. I have thought best to pursue this course, which, by presenting all that is known of the pathogenetic action of the drug, aside from the investigations of myself and of those who have assisted me, will render the proving more complete, and thus enhance its interest and usefulness.

Preparation.—According to the pharmacopeia of Jahr and Gruner, the drug may be chemically prepared in the following manner: "Boil three parts of Pulverized White Arsenic with eight parts of Caustic Potash in sixteen parts of water, until the Arsenic is deposited in the shape of a powder. Pour this liquid into a hot solution of eight parts of the Sulphate of Copper, and forty-eight parts of water, stirring the mixture all the time; wash the precipitate well, and dry it at a moderate temperature. It is of a pale green color. We make triturations."

As the poisonous properties of this compound are due to the Arsenic contained in it, it is classed with the Arsenites, and is the only metallic Arsenic met with in commerce and in the arts. It constitutes wholly, or in part, a great variety of green pigments, known as Emerald Green, or Aceto-Arsenite of Copper, Mineral Green, Brunswick, Schweinfurt or Vienna Green, &c.

As paint, it is found in cakes in boxes of water colors; as a coloring matter in confectionary; in wafers and adhesive envelopes; and most abundantly in the various kinds of green wall papers.

Analysis.—This salt is of a green color, the depth of which is modified by admixture with other substances. It is insoluble in water, but soluble in ammonia and in the acids, forming a blue solution. When very gently heated in a reduction tube, Arsenious acid is sublimed in minute octahedral crystals. These may be collected, dissolved in water, and tested in the usual way. The residuary Oxide of Copper may then be dissolved in Nitric acid and tested. With charcoal powder, the Arsenite gives, although with some difficulty, a ring of metallic Arsenic, but the arsenical nature of the salt is easily determined by boiling it with diluted Muriatic acid and a slip of metallic copper or copper gauze (Reinsche's process). When the Arsenite of Copper is used in confectionary, the substance upon which it is spread is either soluble, as sugar or starch, or insoluble, as plaster of Paris. In either case, we scrape off the green color, and digest it in a small quantity of water. In the first case, the Arsenite of Copper is deposited, while the sugar or starch is dissolved; in the second, the Arsenite of Copper is deposited with the Sulphate of Lime. The former may be separated from the latter by Ammonia, and re-obtained pure by evaporation. Should the Arsenite be mixed up with fat or oil, it will easily subside as a sediment, by keeping the substance melted, and the deposit may be freed from any traces of fat by digesting it in Ether. (Taylor.)

Treatment.—For cases of poisoning, Albumen, followed by emetics, may be given, after which the Hydrated Sesquioxide of Iron.

In the more chronic forms of poisoning, the treatment must be adapted to the individual case. The Arsenite of Copper is insoluble in water, but sufficiently soluble in the acid mucous fluids of the stomach to be taken up by the absorbents, and carried as a poison into the blood.

In the toxicological symptoms which follow, we have a very fair view of the action of this remedy; they are more clear and

explicit than we usually find in the reports of drug poisoning, and they convince us that it is well worthy of investigation, the trouble of which it will amply repay by the services it is destined to perform. They are not simply crude effects of massive doses, not merely symptoms produced by the effort of nature to rid herself of a foreign and disturbing agent, but real pathogenetic results, better expressed than are many found in regular provings. They are the rougher portions of the edifice, the more substantial parts, important indeed, but still useless until the hands of the workmen supply the gaps in the building, and add the delicate finishing touches which render the structure at once beautiful and complete.

When we study them carefully, however, our minds will at once refer to several important diseases, and we will conclude that in cholera, gastritis, colic and abdominal cramps, coryza, inflammatory and pustular tumors, chronic eruptions, erysipelas, and several other affections, it will be a remedy of value.

The symptoms given by Noack and Trinks are no less suggestive, and their importance, and the importance of the toxicological effects, is increased by the frequent corroboration of both in the present proving.

We do not, of course, have the symptoms of different provers expressed in exactly identical language, since each one naturally has his own forms of expression, but the substance of the drug effects, upon the different provers, will be found in very many cases to be the same.

I regret that out of over twenty persons who had promised me assistance, and to whom I had sent portions of the drug, I can only present reports from the following:

W. James Blakely, M. D.
R. C. Smedley, M. D.
M. L.———.
Geo. S. Foster, M. D.
C. W. Boy

Toxicological Effects.—The following cases
Taylor's Treatise on Poisons:

CASE 1. A child, aged three years, swallowed a small capsule of Scheele's Green, used by his father as a pigment. In half an hour he complained of violent colic; there was frequent vomiting, with purging, cold sweats, with intense thirst, and retraction of the parietes of the abdomen. The mouth and throat were stained of a deep green color. Hydrated Sesquioxide of Iron was given; in about an hour the vomiting and purging ceased, and soon afterward the thirst and pain in the abdomen abated. The next morning the child was well.

CASE 2. A child, a year old, ate several pieces of a cake of Arsenite of Copper, used for colors. There was immediate vomiting of a liquid containing green-colored particles of the Arsenite. White of egg was given in sugared water. After a short time, the child became pale, and complained of a pain in the abdomen; the pulse was frequent, the skin cold, and there was great depression. Copious purging followed, soon after which the child recovered.

CASE 3. Two children were poisoned by confectionary colored with this substance; the chief symptom was incessant vomiting of a light green-colored liquid, resembling bile diluted with water. The symptoms in these cases are described as severe, although the quantity of the poison swallowed was small. Under the use of an emetic of Ipecacuanha, the children recovered.

CASE 4. A child, aged seven years, ate a slice of cake, with a part of a green ornament on it. There was severe pain with thirst, and a burning sensation in the throat, with a constant vomiting, but no purging. The child recovered in three days. The green pigment was found to be pure Arsenite of Copper, mixed with sugar.

CASE 5. A small quantity of a confectionary ornament, colored with Arsenite of Copper, proved fatal to two children. The symptoms and appearances were those of poisoning by Arsenious acid.

CASE 6. Fourteen children suffered from symptoms of poisoning, in consequence of their having eaten some confectionary ornaments, colored with Arsenite of Copper. In two or three cases, Jaundice followed.

CASE 7. Three boys, at a school near Manchester, ate some ornamented confectionary, which owed its green color to the Arsenite of Copper. They suffered from violent vomiting, severe pains in the stomach and bowels, and spasms in the extremities. Three animals which ate of the vomited matter were attacked by similar symptoms.

CASE 8. A young man, after painting for nine days with an arsenical green pigment, was seized with irritation and watery discharge from the nose, swelling of the lips and nostrils, and headache. The next day he experienced severe colic and great muscular weakness, but these symptoms disappeared in about eight days. It is possible he had inhaled the Arsenite of Copper in the state of fine powder.

Other effects are: boils, inflammations of the eyes, and other symptoms of irritation. Pustular tumors have shown themselves on the wrists and ankles, accompanied by excessive sensitiveness and irritability of the skin. Œdema (watery swelling) of the face, eruptions of the skin, and boils frequently forming in the scrotum; irritation of, with discharge of fluid from, the mucous membrane of the nose, and abundant salivation; colicky pains, headache, and prostration of strength are also symptoms of this poison.

NOACK and TRINKS.

Staggering gait; spasms.

Sleeplessness.

Increased temperature of the skin.

Small, quick, irritated, or else spasmodically contracted pulse.

Partial confusion of the senses.

Intense anguish.

Vertigo.

Headache; dullness of the head.

Intoxication.

Hot forehead.

Dimness of the eyes, and prof

Sensitiveness of the eyes.

Sparks before the eyes.

Pale face.

Wild expression of countenar

Thin coating of white mucus on the tongue.
Intense thirst.
Loathing.
Nausea.
Violent vomiting and purging.
Vomiting of mucus, tinged with bile.
Great distension of the abdomen.
Hard abdomen.
Great sensitiveness of the epigastric region to the least touch.
Violent pains in the abdomen.
Colic, which increases after eating or drinking.
Diarrhœa; slimy stool.

PROVING BY W. JAMES BLAKELY, M. D.

Observation I.

Prover, aged twenty-eight, nervous temperament; height five feet six inches; measurement of chest, thirty-six inches; lungs sound; dark hair and eyes; in perfect health; drinks coffee and smokes.

Jan. 4th, 1868, 8.45 P.M. Took of Cup. Ars. 12th cent. pil. 5.

9 P. M. Soreness of a small spot on the left scapula, extending into the left lung, followed by a dull, sticking pain in the left chest, between the sixth and seventh ribs, somewhat aggravated by deep inspirations, with a numb, weak feeling in the left chest, left side of the back and left shoulder and arm (a. 15 m.)

The left arm feels numb and powerless, and a similar sensation soon afterward appeared in the left leg.

9.20 P. M. Sudden debility, with dull pain in the heart, and sensation of oppression around that organ; the left chest feels too small; he takes long involuntary inspirations; there is an empty, vacant feeling in the stomach, with vertigo, confusion of ideas, and headache *between the temples.* (a. 35 m.)

General debility, want of energy, and indisposition to do anything.

Pains in the abdomen, simulating those of flatulent colic.

9.30 P. M. Headache becomes very severe; spreads over the entire forehead, and finally settles in the right side of the forehead and over the temporal bone, and becomes dull and throbbing. (a. 45 m.)

Dull soreness in the right internal ear. (a. 1 h.)

Headache is very severe all the evening, and the bones of the face are very sore.

Pains in the abdomen, sharp and cutting, like those of colic, which afterwards subside into a dull soreness, followed by an unpleasant warmth in the abdomen, and a severe burning in the stomach. (a. 1½ h.)

The headache which had disappeared during rest (sitting), re-appeared very severely while walking up and down the room, and again subsided during rest; several repetitions produced the same aggravation and amelioration.

11.10 P. M. Dullness and confusion of the head. (a. 2.25.)

Dull soreness in the right occipital bone, aggravated by pressure.

While walking, the limbs ache, his gait is unsteady, and the debility is increased. (a. 2 h.)

While sitting, the foregoing symptoms are ameliorated, and are aggravated by walking.

11.30 P. M. The headache, which had again subsided, re-appeared very violently in consequence of walking up-stairs.

He could not sleep until 2 A. M., the headache continuing very severe. (a. 2¾ h.)

Jan. 5th, 8 A. M. In the morning, after awaking, the head felt dull and sore, as if it had beaten.

During the forenoon, there was relief from all the symptoms.

12.30 P. M. The stomach is sore, as if it had been bruised.

Headache on the right side of the head, and soreness of the bones of the right side of the face.

4 P. M. Natural stool, *after* which he had severe dull pains of a griping character, with slight burning in the abdomen. (a. 19¼ h.)

10¼ P. M. There has been a constant unpleasant warmth in the abdomen since taking the medicine, and which s
becomes a severe burning. (a. 25½ h.)

10½ P. M. Headache between the temples (v),—the pain seems to meet in the centre of the forehead, and thence to pass down the nose. The bones of the nose are very sore, especially when pressure is made upon them. (a. 25¾ h.)

Jan. 6th, 12¼ A. M. Severe, dull pain in both temples. (a. 27½ h.)

12¾ A. M. *Very severe* headache all over the forehead, but especially in both temples (v). (a. 28 h.)

1 A. M. Shooting pain in the upper molars of the left side, extending upward into the superior maxillary bone.

9 A. M. Awoke with the same dullness of the head as on the previous morning.

3.50 P. M. Persistent boring pain in a small spot above the left superior orbital arch, with soreness of arch when touched. (a. 31 h.)

Duration of action of first dose, forty-five hours.

OBSERVATION II.

Jan. 6th, 8 P. M. Took of 12th cent. pil. 5.

9 P. M. Intermittent and throbbing pain in the right half of the inferior maxillary bone. (a. 1 h.)

12 mid. n. Dull, heavy pain in the head, the entire evening.

Jan. 7th, 1 A. M. Very severe, dull headache over the entire forehead, with soreness of the orbital bones, after retiring to rest. (a. 5 h.)

Severe, sharp pain in the superior arch of the right orbital bone.

1 P. M. Dull headache the entire forenoon.

Frequently there is a dull, rather severe pain in the right internal meatus.

Jan. 8th, 1 A. M. The shooting pain in the left upper molars re-appeared after exactly forty-eight hours (v.)

Soreness of the right temple when pressed against the pillow. (a. 29 h.)

At this time, having contracted a very severe cold, I ceased noting symptoms, fearing lest I might attribute to the action of the remedy the symptoms of the bronchial attack from which I was suffering.

Observation III.

Feb. 22d, 9.35 P. M. Took of 11th cent. gtts. 2.

10.20 P. M. Dullness of the head, with pain worse in the left temple. (a. ¾ h.)

10.30 P. M. Soreness of the left orbital bones, and of the left side of the nose. (a. 55 m.)

11.30 P. M. Throbbing pain in the right temple. (a. 2 h.)

11.45 P. M. Dull soreness in the right side of the chest, with dull pains in the back. (a. 2¼ h.)

Feb. 23d, 12.10 A. M. Soreness of the bones of the left side of the head and face. (a. 2.40.)

1 A. M. Dull pain in the forehead. (a. 3½ h.)

8.30 A. M. On awaking, had the same dull headache as on the previous night (v).

11 A. M. General dull headache.

General debility.

Chilliness of the entire body.

Duration of action of third dose, fourteen hours.

Observation IV.

April 11th, 1 A. M. Took of 10th cent. gtt. 1.

Immediately experienced a fullness in the head; the brain seemed to expand, and to press against the forehead (frontal bone); dull pain over the entire forehead, but most severe in the right temple (v.)

PROVING BY R. C. SMEDLEY, M. D.

Observation I.

Jan. 1st, 3 P. M. Took of 12th trit. grs. 3.

9 P. M. Metallic taste in the mouth.

Jan. 2d, 6 grs. Jan. 3d, 15 grs.

Jan. 4th. Feeling of weakness. Took 25 grs.

Jan. 5th. Cutting pain in the stomach while eating.

After reading an hour, experienced a distensive and rolling sensation in the brain; felt as if I might fall forward; these sensations passed off while walking in the open air and talking. Took 30 grs.

Jan. 10th, 11th and 12th. Took in all 75 grs. 9th trit.

Jan. 13th. A chronic itching, which has been a little annoying at times, is materially aggravated; it is felt only in the arms and legs.

Jan. 14th, 15th, 16th, 17th. Took in all, 245 grs. 6th trit.

Jan. 17th. In the afternoon the urine had a strong odor, like that of garlic.

5 P. M. 6 grs. 3d trit. Nausea in the evening, with lameness of the back.

Jan. 18th. Nausea on awaking, with bitter taste.

Stiff, lame feeling in the back, which was better until after moving about, and returned after sitting awhile.

9 A. M. 6 grs. 3d trit. Nausea and lameness of the back continue.

Sensation as of gentle rotary motion in the brain, after studying.

The itching of the arms and legs very much increased; small, thickly studded elevations, which bleed after scratching; scratching aggravates to such a degree as to be almost unbearable.

4 P. M. 10 grs. 3d trit.

7 P. M. Boring pain in the right ear; sharp pain in the temples, worse in the left; pain in the right lumbar region, and in the anterior portion of the right thigh; chilly feeling over the entire body; skin is sensitive to contact with the clothing, which produces a chilly, creeping sensation.

The urine has a slight odor of garlic (v.)

Itching in the beard.

9 P. M. 10 grs. 3d trit.

Jan. 19th. Felt better after awaking.

Thirst, which is unusual for me (use neither coffee, tea, liquor, or tobacco), have a desire now for water, *cold*, several times a day; a wine-glass full suffices each time.

No desire for warm food; cold is better relished.

Took last night a cup of coffee, and this morning the chilly, creeping sensation and sensitiveness of the skin are relieved.

Lameness of the lumbar region still continues.

10 A. M. 15 grs. 3d dec. trit.

2.30 P. M. Twitches of pain in the right upper posterior, and left lower posterior molars; more protracted in the former, but more acute in the latter.

OBSERVATION II.

Jan. 26th, 5 P. M. 15 grs. 6th trit.

Jan. 27th. 60 grs.

Slight nausea, and a little unsteadiness of the head, particularly after studying.

Jan. 28th. 190 grs.

Slight reeling sensation in the brain after studying.

Jan. 29th. 80 grs.

The thirst and itching remained unabated for several weeks after the last medicine was taken.

The itching of the arms and legs has been so persistent during the day, but more particularly when undressing at night, and often when in bed, awaking me, that nothing but severe rubbing with a hard, coarse, prickly instrument, tearing up the cuticle, and converting the itching into a a soreness, would give the slightest relief.

This chronic itching of the skin, but only in a slight degree, I have, at times, experienced, as long as I can remember; but never was such raking necessary to allay the itching that was intolerable without it.

PROVING OF MR. L——.

OBSERVATION I.

Jan. 11th. Took of 12th cent. pil. 5.

A gonorrhœa, of which he supposed himself cured (and from which he had been entirely free for six months), returned with the following symptoms:

Dark red urine.

Burning pain at the orifice of the urethra during and after urinating.

White, purulent discharge from the urethra.

Soreness of the penis, with pain in the prostate gland.

Redness of the lips of the urethra, with tingling and burning.

Agglutination of the lips of the urethra.

Perspiration of the scrotum, which is constantly moist and damp.

Soreness of the under surface of the penis when pressed.

This patient had been treated allopathically, although a patient of mine, not wishing to reveal his disorder to me. The treatment was internal, and by the use of injections. At my request, he undertook to prove the remedy, but when he found his gonorrhœa returning, he declined rendering any further assistance.

Whether the Arsenite of Copper can produce primarily, the above symptoms, I am not able to say; but it appears to me, that the disease had been checked, and the discharge suppressed, and that the Arsenite was the cause of its reproduction. This view is further sustained by the fact that the symptoms gradually abated and finally disappeared, and have not since (5 months) returned.

PROVING OF C. W. BOYCE, M. D.

Dr. Boyce says: "I am sure that I got symptoms from the 30th, but was taken sick, and have been unable to resume the proving. The medicine gave me headache and general symptoms, but were not long enough free from complications to be of use. If you continue your investigations on this remedy, I will give you a proving."

PROVING BY GEO. S. FOSTER, M. D.

Observation I.

March 26th. Took of 2d dec. trit. ½ gr.

March 27th. Tongue heavily coated brownish white; feel

irritable and peevish; constipation; dark spots before the eyes; dizziness; dull, heavy, aching in the back part of the head; general feeling of dullness in the head; debility; no appetite.

April 5th. ½ gr. 2d. Twitching and jerking of the facial muscles of the left side, between the eye and the corner of the mouth, which was quite violent.

April 6th. Took two doses same potency. Tongue much coated; dizziness; black specks before the eyes; much eructation of wind.

April 7th. Very restless; nervous (or rather nerveless.)

April 8th. Tongue coated white; breath bad; much itching of scalp last night.

11 A. M. ½ gr. 2d. Experienced a peculiar tremulousness of the tongue, with coolness of the same; metallic taste; tongue white; itching of the scalp in the evening.

April 9th. ½ gr. 2d. The tongue is still white; the back of the tongue is very thickly coated.

Fullness of the head; slight, darting pains in the temples.

April 10th. Tongue white; rumbling in the bowels; sharp quick pains in the lower bowels.

April 13th. Severe pains under the lower angle of the left scapula; worse when moving or breathing; cannot take a full breath without aggravating the pain.

Tongue white.

April 15th. The pain under the scapula has been severe and troublesome until to-day; could scarcely turn over or move without suffering from it.

Oppressed feeling about the chest during the past few days; it feels as if it were constricted.

SUMMARY.

The following are the provings made by myself and others; the symptoms obtained from cases of poisoning and the symptoms of Noack and Trinks, arranged according to the usual *Schema*. Symptoms appearing in groups have been registered in the order of their occurrence.

Where a single symptom has been taken from its group, and

placed under its appropriate heading, reference is made to the group to which it belongs, by placing after it, *within brackets*, the initial letter of the heading under which that group will be found, as:

(W. B.) *Whole Body;* (St.) *Stomach;* (H.) *Head*, &c.

Abbreviations of the names of Provers, &c.

W. James Blakely, M. D.	Bl.
R. C. Smedley, M. D.	S.
C. W. Boyce, M. D.	B.
Geo. S. Foster, M. D.	F.
Mr. L.	L.
Noack and Trinks.	N. & T.
Toxicological.	T.

Letters, *not in brackets*, attached to symptoms, are the initial letters of the names of provers.

Numerals, attached to symptoms, indicate the potency under which that symptom appeared.

The *time*, attached to symptoms, *e. g.* (a. 2 h.) means that the symptom thus designated appeared two hours after the last dose was taken.

An asterisk (*) denotes verified pathogenetic symptoms.

° Attached to curative symptoms.

v. Symptoms verified by the same prover.

vv. Verified by several provers.

Potencies used in the proving: (2.) (3.) (6.) (9.) (10.) (11.) (12.) (30.)

MIND AND SENSORIUM.

. Confusion of ideas. (12.) vv. (a. 35 m.) (H.) Bl.
. Partial confusion of the senses. N. & T.
. Intense anguish. N. & T.
. Irritable and peevish. F. (2.) (Hep.)
5. Very restless; nervous (or rather nerveless.) F. (2.)
. Vertigo, confusion of ideas, and *headache *between the temples*. Bl. v. (a. 35 m.) (12.)

. Dullness and confusion of the head. Bl.
. Immediately after taking the fourth dose, experienced a fullness in the head, the brain seemed to expand and to press against the frontal bone. Bl. (10.)
. After reading an hour, experienced a distensive and rolling sensation in the brain, felt as if I might fall forward; these sensations passed off while walking in the open air and talking. S. (12.)
10. Sensation as of gentle rotary motion in the brain after studying. v. S. (3.)
. Slight reeling sensation in the brain after studying. S. (6.)
. Vertigo. vv. N. & T.
. Intoxication. N. & T.
. General feeling of dullness in the head. F. (2.) (Hep.)
15. Dizziness. vv. F. (2.) (Hep.)
. Fullness of the head. v. F. (2.)

HEAD.

. Headache becomes very severe, spreads over the entire forehead, and finally settles in the right side of the forehead and over the temporal bone, and becomes dull and throbbing. Bl. (a. 45 m.) (12.)
. Headache is very severe all the evening, and the bones of the face very sore. Bl. (12.)
. The headache which had disappeared during rest, (sitting) re-appeared very severely while walking up and down the room, and again subsided during rest; several repetitions produced the same aggravation and amelioration. Bl. (12.)
20. Dull soreness in the right occipital bone, aggravated by pressure. Bl. (12.)
. The headache which had again subsided, re-appeared in consequence of walking up-stairs. Bl. (12.)
. He could not sleep until 2. A. M., the headache continuing very severe. Bl. (12.) (a. 2¾ h.)
. In the morning, after awaking, the head felt dull and sore as if it had been beaten. Bl. (12.)

. *Headache between the temples; v. The pain seems to meet in the centre of the forehead, and thence to pass down the nose. Bl. (12.)

25. Severe, dull pain in both temples. Bl. (12.) (a. 27½ h.)

. *Very severe* headache all over the forehead, but especially in both temples. v. Bl. (12) (a. 28 h.)

Awoke with the same dullness of the head as on the previous morning. v. Bl. (12.)

. Dull, heavy pain in the head the entire evening. Bl. (12.)

. Headache very severe, with dull pain in the forehead with soreness of the orbital bones, after retiring to rest. Bl. (12.) (a. 5 h.)

30. Dull headache all the forenoon. Bl. (12.)

. Soreness of the right temple when pressed against the pillow. Bl. (12.) (a. 29 h.)

. Dullness of the head, with pain worse in the left temple. Bl. (11.) (a. ¾ h.)

. Throbbing pain in the right temple. Bl. (11.) (a. 2 h.)

. Soreness of the bones of the left side of the head and face. Bl. (11.) (a. 2.40.)

35. Dull pain in the forehead. Bl. (11.) (a. 3½ h.)

. On awaking he had the same dull headache as on the previous night. v. Bl. (11.)

. General dull headache. Bl. (11.)

. Dull pain over the entire forehead, but most severe in the right temple. v. Bl. (10.)

. Sharp pain in the temples, worse in the left. vv. S. (3.)

40. Headache. B. (30.)

. Headache. vv. T.

. Headache. Dullness of the head. vv. N. & T.

. Hot forehead. N. & T.

. °Headache, particularly in the forehead, but the entire head feels as if bruised. (W. B.)

45. Dull, heavy aching in the back part of the head. F. (2.)

. Slight, darting pains in the temples. Itching of scalp at night. F. (2.)

Orbits and Eyes.

. Persistent boring pain in a small spot above the left superior orbital arch, with soreness of the arch when touched. Bl. (12) (a. 31 h.)
. Severe, sharp pain in the superior arch of the right orbital bone. Bl. (12.)
. Soreness of the left orbital bones, and of the left side of the nose. Bl. (12.) (a. 55 m.)
50. Inflammation of the eyes. T. (W. B.)
. Dimness of the eyes and profuse lachrymation. N. & T.
. Sensitiveness of the eyes. N. & T.
. Sparks before the eyes. N. & T.
. Dark specks before the eyes. F. (2.) (Hep.)
55. Black specks before the eyes. F. (2.)

Ears.

. Dull soreness in the right internal ear. Bl. (12.) (a. 1 h.)
. Frequently there is a dull, rather severe pain in the right internal meatus. Bl. (12.)
. Boring pain in the right ear. S. (3.) (W. B.)

Nose.

. The bones of the nose are very sore, especially when pressure is made upon them. Bl. (12.) (a. 25¾ h.)
60. Soreness of the left side of the nose. Bl. (11.) (a. 55 m.) (O. & E.)
. Irritation of. and watery discharge from, the nose. T. (W. B.)
. Irritability of, with discharge of fluid from, the mucous membrane of the nose, with abundant salivation. T.

Face.

. Soreness of the bones of the face. Bl. (12.) (H.)
. Soreness of the bones of the right side of the face. Bl. (12.) (H.)
65. Soreness of the bones of the left side of the head and face. Bl. (11.) (a. 2.40.)

. Paleness of the face. T. (W. B.)
. Œdema of the face. T.
. Pale face. N. & T.
. Wild expression of countenance. N. & T.
70. Itching in the beard. S. (3.)
. Twitching and jerking of the facial muscles of the left side, between the eye and the corner of the mouth, which was very violent. F. (2.)

Mouth, Lips and Tongue.

. The mouth and throat were stained a deep-green color. T.
. Swelling of the lips. T. (W. B.)
. Thin coating of white mucus on the tongue. N. & T.
75. Tongue heavily coated brownish white. F. (2.) (Hep.)
. Tongue much coated. F. (2.)
. Tongue coated white. vv. F. (2.)
. Peculiar tremulousness and coolness of the tongue. F. (2.)
. White coating on the tongue. F. (2.)
80. The back part of the tongue is very thickly coated. F. (2.)

Jaws and Teeth.

. Shooting pain in the upper molars of the left side, extending upward into the superior maxillary bone. v. Bl. (12.)
. Intermittent and throbbing pain in the right half of the inferior maxillary bone. Bl. (12.) (a. 1 h.)
. Twitches of pain in the right upper posterior, and left lower posterior molars, more protracted in the former, but more acute in the latter. S. (3.)

Throat.

. *Burning sensation in the throat. T. (Ab.)
85. °Tonsilitis; *burning in the throat; °soreness of the glands of the neck, with stiffness of the neck; moving the head aggravates the pain in the neck. (W. B.)

Taste and Appetite.

. Metallic taste in the mouth. S. (12.)
. Metallic taste. vv. F. (2.)

. Nausea on awaking, with bitter taste. S. (3.)
. No desire for warm food, cold is better relished. S. (3.) (F.)
90. No appetite. F. (2.) (Hep.)

Gastric Derangements and Stomach.

. Nausea in the evening with lameness of the back. S. (3.)
. Nausea on awaking, with bitter taste. S. (3.)
. Nausea and lameness of the back continue. S. (3.)
. Slight nausea and a little unsteadiness of the head, particularly after studying. S. (6.)
95. Frequent vomiting and purging. T. (Ab.)
. Vomiting of a liquid containing green-colored particles of the Arsenite. T. (W. B.)
. Incessant vomiting of a light-green colored liquid, resembling bile diluted with water. T.
. Violent vomiting. T.
. Loathing. N. & T.
100. Nausea. N. & T.
. Violent vomiting and purging. N. & T.
. Vomiting of mucus tinged with bile. N. & T.
. *Nausea with headache between the temples.
. °Nausea with burning pain in the stomach and bowels.
105. Much eructation of wind. F. (2.)
. Bad breath. F. (2.)
. Empty, vacant feeling in the stomach. Bl. (12.) (a. 35 m.) (Ht.)
. *Burning in the stomach. Bl. (12.) (a. 1½ h.) (Ab.)
. The stomach is sore as if it had been bruised. Bl. (12.)
110. Cutting pain in the stomach while eating. S. (12.)
. Great sensitiveness of the epigastric region to the least touch. N. & T.
. °Cramps in the stomach and bowels, followed by tonsilitis. (W. B.)

Hepatic Symptoms.

. Tongue heavily coated brownish-white; feel irritable and peevish; constipation; dark spots before the eyes; dizziness; dull, heavy aching in the back part of the

head; general feeling of dullness in the head; debility; no appetite. F. (2)

. Jaundice. vv. T.

Abdomen and Stool.

115. Pains in the abdomen simulating those of flatulent colic. Bl. (12.)

. Pains in the abdomen, sharp and cutting, which afterwards subside into a dull soreness, followed by an unpleasant warmth in the abdomen and a severe burning in the stomach. Bl. (12.) (a. 1½ h.)

. There has been a constant unpleasant warmth in the abdomen since taking the medicine, and which sometimes becomes a severe burning. Bl. (12.) (a. 25½ h.)

. Violent colic; frequent vomiting, with purging; cold sweats; intense thirst, and retraction of the parieties of the abdomen. T.

. Paleness of the face with pain in the abdomen. T. (W. B.)

120. Violent vomiting; severe pains in the stomach and bowels, with spasms in the extremities. T.

. Colicky pains; headache and prostration of strength. T.

. Great distension of the abdomen. N. & T.

. Hard abdomen. N. & T.

. Violent pains in the abdomen. N. & T.

125. Colic, which increases after eating or drinking. N. & T.

. Severe pain in the abdomen, with thirst, and a burning sensation in the throat, with constant vomiting. T.

. Rumbling in the bowels; sharp, quick pains in the lower bowels. F. (2.)

. Natural stool, *after* which he had severe dull pains of a griping character, with a slight burning in the abdomen. Bl. (12.) (a. 19¼ h.)

. Diarrhœa; Slimy stool. N. & T.

130. Constipation. F. (2.) (Hep.)

. Constant severe purging. vv. T.

Urinary Organs.

. In the afternoon the urine had a strong odor like that of garlic. S. (6.)

. The urine has a slight odor of garlic. v. S. (3.)

Genital Organs.

. A gonorrhœa, of which he supposed himself cured, (and from which he had been entirely free for six months) returned with the following symptoms:

135. Dark-red urine; burning pain at the orifice of the urethra, during and after urinating; white purulent discharge from the urethra; soreness of the penis, with pain in the prostate gland; redness of the lips of the urethra, with tingling and burning; agglutination of the lips of the urethra.

140. Perspiration of the scrotum, which is constantly moist and damp; soreness of the under surface of the penis when pressed. L. (12.)

. Boils frequently forming in the scrotum. T.

Chest.

. Soreness of a small spot on the left scapula, extending into the left lung, followed by a dull, sticking pain in the left chest, between the sixth and seventh ribs, somewhat aggravated by deep inspirations, with a weak, numb feeling in the left chest, left side of the back and left shoulder and arm. Bl. (12.) (a. 15 m.)

. Dull soreness in the right side of the chest, with dull pains in the back. Bl. (11.) (a. 2½ h.)

145. Headache, with pain in the chest. T.

. Oppressed feeling about the chest during the past few days; it feels as if it were constricted. F. (2.)

. Pains in the chest and back *aggravated by deep inspirations.* vv.

Heart.

. Sudden debility, with dull pain in the heart, and sensation of oppression around that organ; the left chest feels too small; he takes long involuntary inspirations; there is an empty, vacant feeling in the stomach, with vertigo, confusion of ideas, and headache between the temples. Bl. (12.) (a. 35 m.)

. °Palpitation of the heart, with trembling of the limbs. (W. B.)

Back.

150. *Lameness of the back. S. (3.) (St.)
. Stiff, lame feeling in the back, which was better until after moving about, and returned after sitting awhile. S. (3.)
. Nausea and lameness of the back continue. S.
. Lameness of the lumbar region. S.
. Severe pain under the lower angle of the left scapula, worse when moving or breathing; cannot take a full breath without aggravating the pain. F. (2.)
155. The pain under the scapula has been very severe and troublesome, could scarcely turn over or move without suffering from it. F. (2.)

Shoulders and Upper Limbs.

. Numb, weak feeling in the left shoulder and arm. Bl. (12.) (a. 15 m.) (C.)
. The left arm feels numb and powerless, and a similar sensation soon afterward appeared in the left leg. Bl. (12.)
. Peculiar numb feeling in the left arm and hand, with pain in the internal surface of the arm, and tingling of the palm of the hand and of the fingers, increased by motion, and continuing one hour. Bl. (2.) (a. 25 m.)
. Pain in the anterior portion of the right thigh. S.
160. Spasms in the extremities. T. (Ab.)

The Whole Body.

. General debility, want of energy, and indisposition to do anything. Bl. (12.)
. While walking, the limbs ache, his gait is unsteady, and the debility is increased. Bl. (12.) (a. 2 h.)
. General debility. Bl. (11.)
. Chilliness all over the body. Bl. (11.)
165. Feeling of weakness. vv. S. (12.)

. Boring pain in the right ear; sharp pain in the temples, worse in the left; pain in the lumbar region, and in the anterior portion of the right thigh; chilly feeling over the entire body; skin is sensitive to contact with the clothing, which produces a chilly sensation. S. (12.)

. Vomiting of a liquid containing green-colored particles of the Arsenite; paleness of the face with pain in the abdomen; pulse frequent and skin cold, with great depression; copious purging. T.

. Irritation of, and watery discharge from, the nose, swelling of the lips and nostrils, headache, severe colic and great muscular weakness. T.

170. Staggering gait; spasms; great exhaustion. N. & T.

. Fainting. N. & T.

. Boils; inflammation of the eyes, and other symptoms of irritation. T.

. Took last night a cup of coffee, and this morning the chilly, creeping sensation and the sensitiveness of the skin are relieved. Was the coffee (which I am not in the habit of drinking) instrumental in dissipating these symptoms?

. °Cramps in the stomach and bowels, followed by soreness of the throat and swelling of the tonsils with burning in the throat; soreness, with swelling of the glands of the neck, with stiffness of the neck; great debility with pain in the back. (Cured by 6th potency.)

175. °Nausea, with burning pain in the stomach and bowels; palpitation of the heart, with trembling of the limbs; headache, particularly in the forehead, but the entire head feels bruised; jerking in the limbs. (Cured by 6th and 12th.)

. Debility. vv. F. (2).

SLEEP.

. He could not sleep until 2 A. M. on account of severe headache. Bl. (12.) (a. 2¾ h.)

. Felt better after awaking. S. (3.)

. *Sleeplessness.* N. & T.

Skin.

180. A chronic itching, which has been a little annoying at times, is materially aggravated; it is felt only in the arms and legs. S. (9.)

. The itching of the arms and legs very much increased; small, thickly studded elevations which bleed after scratching; scratching aggravates to such a degree as to be almost unbearable. S. (3).

. The itching remained unabated for several weeks after the last medicine was taken. S.

. The itching of the arms and legs has been so persistent during the day, but more particularly when undressing at night, and often when in bed, that nothing but severe rubbing with a hard, coarse, prickly instrument, tearing up the cuticle and converting the itching into a soreness, would give the slightest relief. S.

. This chronic itching of the skin, but only in a slight degree, I have, at times, experienced as long as I can remember; but never was such raking necessary to allay the itching that was intolerable without it. S.

185. Boils. T.

. Pustular tumors on the wrists and ankles; and excessive sensitiveness and irritability of the skin. vv. T.

. Skin is sensitive to contact with the clothing, which produces a chilly, creeping sensation. S. (3.) (W. B.)

. Eruptions of the skin; œdema of the face; boils frequently forming in the scrotum. T.

Fever.

. Chilliness all over the body. Bl. (11.)

190. Chilly feeling over the entire body. vv. S. (3.) (W. B.)

. Chilly, creeping sensation, produced by the contact of the clothing. S. (3.) (W. B.)

. *Thirst*, which is unusual for me; have a desire now for water, *cold*, several times a day; a wine glassful suffices each time. S. (3.)

. The thirst continued for several weeks after taking the last medicine. S.

. Cold sweats; intense thirst. T. (Ab.)

195. Pulse frequent and skin cold, with great depression. T. (W. B.)

. Thirst. T. (Ab.)

. Increased temperature of the skin. N. & T.

. Small, quick, irritated, or else spasmodically contracted pulse. N. & T.

. Intense thirst. vv. N. & T.

SIDES.

. The left scapula, left chest, left side of the back, and left shoulder and arm are affected immediately after taking the first dose. (C.)

. The left arm feels numb and powerless, afterwards the left leg is similarly affected. The headache finally settles in the right side of the forehead.

. Dull soreness in the right internal ear. v.

. Soreness of the bones of the right side of the face.

. Shooting pain in the left upper molars. v.

. Boring pain above the left superior orbital arch.

. Intermittent and throbbing pain in the right half of the inferior maxillary bone.

. Severe, sharp pain in the superior arch of the right orbital bone.

. Soreness of the right temple when pressed against the pillow.

. Severe pain in the left temple.

. Dull soreness in the right side of the chest.

. Soreness of the bones of the left side of the head and face.

. Boring pain in the right ear; sharp pain in the temples, worse in the left. S.

. Pain in the right lumb
tion of the right thig

. Pain in the right uppe

Times of Day.

. Headache very severe all evening and bones of face very sore. Bl.
. Dullness and soreness of the head in the morning after awaking. Bl.
. During the forenoon there was relief from all the symptoms. Bl.
. He awoke with the same dullness of the head as on previous morning. vv. Bl.
. Dull, heavy pain in the head the entire evening. Bl.
. Very severe frontal headache, with soreness of the orbital bones, after retiring to rest. Bl.
. Dull headache the entire forenoon. Bl.
. Nausea and lameness of the back in the evening. S.
. Nausea, with bitter taste, on awaking in the morning. S.
. Felt better after awaking. S.
. The itching is very severe in the evening, and often when in bed. S.
. Itching of the scalp in the evening and at night. F.

Touch and Motion.

. The headache disappeared while sitting, but returned very severely while walking up and down the room. Bl.
. The aggravation of the headache by motion and the amelioration by rest were frequently verified. Bl.
. While walking the limbs ache, his gait is unsteady and the debility is increased. Bl.
. Soreness of the left superior orbital arch when touched. Bl.
. Soreness of the right temple when pressed against the pillow. Bl.
. Moving about aggravated the stiffness and lameness of the back which had been better during rest; it returned again after sitting awhile. S.
. Scratching renders the itching almost unbearable. S.

. Skin is sensitive to contact with the clothing, which produces a chilly sensation. S.
. The epigastric region is sensitive to the least touch. N. & T.
. The symptoms are ameliorated by rest and aggravated by motion. Bl.
. Moving the head aggravated the pain in the neck. (W. B.)
. Motion aggravated the pain under the left scapula. F.

V.

REPORT ON HOMŒOPATHY AND CLINICAL MEDICINE.

BY M. FRIESE, M. D., HARRISBURG.

LORD BACON said that "all knowledge is derived from experience," and Mr. Locke, another celebrated philosopher, expressed himself as follows: "Whence comes the mind by that vast store which the busy and boundless fancy of man has painted on it, with an almost endless variety? I answer, in a word, from experience. In this, all knowledge is founded; from this the whole emanates and issues." But whatever may have been, or now is, the general belief on this point, in regard to other sciences, I think it is conceded by all, that in *medicine*, all knowledge comes to us through the medium of our senses,—in other words, by experience. I therefore venture the assertion, that all we can ever expect to learn of the action of medicine upon the human organism, either in a state of health or disease, must be acquired through observation and experience. This does not necessarily involve, as is often supposed, ignorance of the principles of medicine, and cruelty to the subjects of experiment. In Homœopathy we have that truly magnanimous and scientific method of proving drugs upon the healthy, by which we can, to a great extent, avoid both cruelty to, and neglect of, the sick. All honor to Hahnemann, the originator of this system, and therefore the great benefactor of the race.

If Sir Astley Cooper had known this method of ascertaining the therapeutic action of drugs, he never would have said that "the science of medicine is founded on conjecture, and improved by murder.."

Clinical experience is undoubtedly the touchstone by which we must prove the curative powers of medicinal agents, after they have been sufficiently proved upon the healthy to indicate their legitimate sphere of action. It avails nothing to propagate theories, unless they are substantiated by experimental demonstration. The mass of people care not so much for utopian acquirements as for substantial good. Whatever contributes to their comfort, or relieves their necessities, they regard with favor,—all else they look upon with indifference.

Hahnemann was not content with knowing that drugs produce symptoms similar to disease, but made clinical experiments, in order that he might convince himself and others of the truth of his formula,—*similia similibus curantur.* Without this, he would have been of no more use to humanity than are the advocates of the expectant system, who rejecting entirely the use of medicine in the treatment of disease, fold their arms, and with complacent awe, watch their patients declining to the grave. The master of our art evidently foresaw that in the clinical sphere alone must we look for the vindication of its principles.

TYPHUS AND TYPHOID FEVERS.

In the eastern portion of Cumberland County, where I formerly practiced, there prevailed, between the years 1860 and '66, a disease, which, by common consent of the profession, took the name of

Typhoid Fever.—But there is no doubt in my mind that many of the cases which came under my observation, were really Typhus—not in its most malignant form, but nevertheless having that pathological condition of system which is said to characterize this malady. The premonitory symptoms of both forms, however, were very much the same;—pains in the bones, with general lassitude, which continued from a few days to several weeks. During this stage, I invariably prescribed *Bryonia* and *Rhus-tox.*, according to indications;—the former when motion aggravated the symptoms, the latter when rest increased the suffering. When the active stage of the disease set in, these

remedies did not seem to afford any relief. The pains which were formerly complained of, no longer existed; but the prostration increased, with more or less dullness of the brain, subsultus tendinum, sordes on the lips and teeth, brown coated tongue, and all the phenomena usually attending fevers of a low type. Against this array of symptoms I prescribed, with satisfactory result, *Arsenicum*, *Phosphoric acid*, and *Hyosciamus niger*, according to their different indications. These three remedies seemed to cover the whole ground in most cases, and proved more efficient than any others which I used. I gave them of the third and sixth decimal dilutions, and repeated the dose from every half hour to every three hours, according to necessity. Stimulants and concentrated food, in the shape of beef tea, were freely given during the entire course of the disease, except in the premonitory stage.

My experience with stimulants in the treatment of this disease, is decidedly in favor of their use. The organism is struggling to overcome a virulent poison or influence, and by stimulating the reactive powers, we enable the patient to cope in a more successful manner with the disease. Sometimes the contest is so evenly balanced, that it is difficult to tell the result. Now the patient shows signs of reaction,—again he sinks under the influence of the disease. Under these circumstances, I have seen the most admirable effects from stimulation. By administering small and frequently repeated doses of some good alcoholic stimulant, the scale would be turned in favor of health, and the enemy, having made his final charge, would retire from the scene ingloriously. In addition to the stimulants, I made use of friction over the surface of the body, with artificial heat to the extremities. The appropriate homœopathic remedies were, of course, continued during the exhibition of these adjuvants. I call them adjuvants, but really, I have at times been tempted to give them a better position. I do not mean by this to convey the idea of a want of faith in our attenuated medicines, when administered upon the principle of similia; the necessary reactive power being present to produce a favorable response. The proportion of deaths to the number treated, as near as I can approximate, was *five per cent.* I ob-

served that a larger number died, of those having the cerebral form predominant, than of those affected with the abdominal variety.

This I attributed at the time to a want of efficiency in the remedies usually prescribed for these cerebral symptoms, *Bell.*, *Opium*, *Stram.*, *Rhus-tox.*, *Bryonia*, etc., in my hands, never did well in this form of disease. Others may have been more fortunate with them. I will give one case in point where I failed with them, but succeeded by using another agent.

Mrs. D., *æt.* about 30; mother of two children, and usually enjoyed good health.

In the month of January, 1864, she was attacked with "the fever." Her symptoms were those of cerebral typhus, for which I gave her during ten days of treatment, Bell., Bry., Hyos. and Stram., without any apparent effect; the delirium and fever growing worse from day to day. At this juncture, she escaped from the house one night, while her nurse was taking a short nap. She made her exit through a window, into a court-yard behind the house, which was covered with snow, and remained there long enough to receive a temporary respite from her mental aberration. In returning to her room (which was in the second story of the house), she took with her, from the room below, a large knife, which she secreted under her pillow. When her nurse awoke, she went to the patient for the purpose of inquiring after her wants, when she was told to "stand off," the knife previously mentioned being exhibited. This patient was evidently laboring under the impression that some person or persons sought her life, which no doubt, caused her in the first place to attempt to escape; but finding this impossible, she determined to make a spirited resistance.

I was immediately notified of this occurrence, and was not long in reaching the bedside. I found the patient in a most wretched condition. Her extremities were quite cold from her recent exposure, which seemed to increase the cerebral trouble. She was almost a "raving maniac." I made use of artificial heat and dry friction with the hand, to restore the circulation in her extremities, and commenced giving her *Veratum viride*—five drops of the first decimal dilution in eigh[illegible]ter

—a teaspoonful every half hour. Improvement commenced from the first dose, and continued regularly and uninterruptedly, until she was convalescent, which occurred in a few days. After improvement had become decided, I did not repeat the dose oftener than every two hours. I was much delighted with this very striking effect of the remedy, and have since used it in cerebral disturbances with equally satisfactory results. I may remark here, that I have used Baptisia tinctoria in Typhoid Fevers, but without good effect in any case. It may be that I have never met the form of disease in which it is indicated, and that this is the cause of my failure with it. We, as Homœopathicians, agree that when the remedy is homœopathic to the case, and the dose not too large nor too small, a cure will follow, the circumstances being such as will admit of recovery. In the treatment of these fevers, many conditions and symptoms arise, which require their appropriate remedies, selected according to the law of similia, but I shall not trouble you with their enumeration. My object has been to give you the leading remedies, which, in my hands, have proved the most efficient.

In the treatment of Typhus petechialis, or Spotted Fever, I have but little experience, but I will give it, nevertheless, in the hope that it may serve, in a very small degree (necessarily), to enlarge our experience in this scourge of humanity.

The first cases I treated, proved fatal on account of my limited knowledge of the disease. It was then a new disease, or if not new, at least unknown to the profession. I remember one case, particularly, which puzzled me exceedingly. A child aged three years, was attacked with rigors and subsequent fever, with all the attendant symptoms of cerebro-spinal disease. The case was treated by an allopathic physician, for two weeks, before I was called to take charge of it. At my first visit, I discovered the following symptoms: considerable opisthotonos; spasms of various muscles of the body; almost total unconsciousness of surrounding objects; great difficulty of breathing; suppression of the urinary and fecal discharges. There were also spots over the body, which would appear and vanish in the space of a few hours. I prescribed various remedies, but without effect. The child died in one week from the time of my first attendance.

More recently, I have treated some cases of this disease with better success. During the last two years, I have met six or seven well defined cases, and many more of somewhat doubtful character. All made good recoveries.

The remedies I employed were Aconite, Bella., Bryonia, Gelseminum, Hyosciamus, Rhus-tox., Arsenicum, Phosphoric acid, Kali-bromatum, and a few others. The Bromide of Potassium I used in the case of a child three years of age, who had passed through the febrile stage of the disease, but her brain and nervous system were in such an excited state as to preclude the possibility of sleep, and thereby prevented recovery. I gave powders of the 2d decimal trituration, one every hour. The effect was exceedingly satisfactory; the child going to sleep in a few hours, aud making a rapid recovery. The other remedies I used according to indication; Aconite mainly at the beginning of an attack, even before reaction had taken place; Arsenicum, Phosphoric acid and Rhus-tox in the more advanced stage. Alcoholic stimulants were freely given, even when delirium was present; the effect being rather to quiet than excite the nervous system. There was one peculiarity about all the cases I treated, which I have not noticed in the experience of others in so marked a degree. After the disease had apparently run its course, no traces of fever being left, nor any other characteristic symptom or condition of the disease, there remained that excited state of the brain, which I spoke of with reference to the little patient to whom I gave Bromide of Potassium. This condition, in some cases, was hard to overcome. Kali-bromatum did not act so favorably upon all. Hyosciamus, Coffea and Aconite, answered the purpose in different cases.

The above description is perhaps rather general in its character, but having no notes to strengthen my memory, it is the best I can do.

RESUMÉ OF THE PAST YEAR.

BY J. B. WOOD, M. D., WEST CHESTER.

THE period since our last annual meeting has been one of varied interest to us all.

The winter immediately preceding the time of which we now propose to speak was remarkable in our vicinity, on account of a Scarlet Fever epidemic, which resulted in sixteen deaths within a radius of two miles.

Our town and surrounding country has an elevation of about 450 feet above tide-water, is 25 miles from Philadelphia, and is what is called a remarkably healthy locality,—the town of itself containing about 6000 inhabitants, and the surrounding country about 100 to the square mile,—consequently, you may readily see, we have a very numerous population. About *twenty* physicians reside here, one-half of whom are not overburdened with the duties of their profession.

The allopaths and homœopaths alike visit patients at their homes, and the eclectics prescribe for patients mostly at their offices.

The homœopaths are *four* in number, and it is no exaggeration to say that in the extent of their practice they at least equal, or nearly so, any four of the allopaths, consequently are just as liable to meet with as severe cases of all forms of disease as their old-school brethren.

This being the case, as every fair-minded man must admit, we proceed to say that the deaths before alluded to from Scarlet Fever were all under allopathic treatment—not one fatal case fell into the hands of any of the four homœopaths. Why this difference, surely not the result of chance? It is because of the truth of our fundamental law of cure, which enables us to prescribe almost with certainty of cure, for any curable disease.

At this writing many deaths from Scarlet Fever—some twenty or more—have occurred in the immediate vicinity, and the homœopaths are still, so far as I know, free from any loss from this dreadful scourge. But, to proceed to the task for which we took our pen—a *resumé* of the past year, from May 12th, 1867, to May 12th, 1868.

The diseases treated during the period above named, embrace most of the ailments common to man, except malarious affections, of which we had but few cases, and those, so to speak, imported.

It has been our lot to treat Small Pox in its worst form, (in the most difficult of all patients to treat, young children,) Scarlet Fever and Diphtheria of the most malignant character, and from these running down to the mildest form of disease.

In Small Pox we used, with entire satisfaction, *Aconite* $_{1}^{1}{}_{0}$th in the febrile, and *Sarracenia* $_{1}^{1}{}_{0}$th was given with advantage during the eruptive stage. *Merc. corr.*[3] and *Caust.*[3] for the intolerable itching during the period of desquamation.

In Scarlet Fever we have almost come to the conclusion that *Arum triph.* $_{1}^{1}{}_{0}$th and *Bell.* $_{1}^{1}{}_{0}$th, with an occasional dose of *Merc. iod. flav.*, will cure every case, no fatal case having occurred with us since we began the use of these remedies.

The same class of remedies work well in Diphtheria; indeed, we think Arum triph. and Merc. iod. flav., the very best remedies in our hands.

In secondary syphilis, we cannot omit to record the prompt and speedy action of *Merc. corr.* $_{1}^{1}{}_{0}$, and the *Hydro-chlorate of Ammonia* $_{1}^{1}{}_{0}$, a powder every six hours for one week, which effected a speedy cure; giving subsequently an occasional dose of the same to make sure of the eradication of all syphilitic taint.

The case presented the following symptoms:—swelling of the end of the penis, until it was as large as a man's fist, with a mattery discharge from the urethra; a chancre on the corona glandis, as large as a quarter of a dollar, extending back on the body of the penis, and rapidly spreading, with lardaceous bottom, and very unhealthy appearance; swelling of the testes; ulcers in the throat, rendering deglutition difficult and painful; eruption making its appearance on the forehead; the patient

felt so ill as to be unable to be about, and began to think he was about to close his earthly account. In this condition I treated him, without any apparent good effect, with the ordinary remedies. In running over in my mind the best thing to be done, I happened to remember an article on the treatment of secondary syphilis, by Dr. Payne, of Bath, Me., read before the American Institute of Homœopathy, Boston, Mass., in 1858. The article appears in the proceedings of that year.

In *after pains* we take pleasure in recommending as a remedy that has worked well in our hands, *Caulophyllum* $\frac{1}{10}$th. In a recent case, in which the lady had very severe pains after her first confinement, she entirely escaped them during the second, from the use of this remedy.

In severe Dysmenorrhœa, we have seen prompt relief, in a few minutes, from the use of *Xanthoxylum*, a few drops of the tincture in half a tumbler of water, a tea-spoonful every ten minutes until cessation of pain.

In those severe cases of after pains lasting several days, which are quite as severe as those during labor, and, if possible, harder to bear, we believe this will be a prompt and efficient remedy.

We come now to speak of the potencies used in practice. Although we by no means discard the use of the higher preparations, the following were used in severe cases (requiring immediate relief) in the first decimal attenuations, viz: Acon., Bell., Bry., Arum. triph., Cauloph., Xanthox., and, with the exception already spoken of, Merc. iod. flav. and other triturations, of the 1st and 2d centesimal scale.

We know that this course of procedure will be reprobated by our brethren of the high-attenuation school, but we feel safe to follow the course that has done so well for us.

We believe that an All-wise Creator made nothing in vain, and that we have in profusion around us, remedies indigenous to the soil and climate, capable of curing every curable disease, and that they have not been made so much in excess of strength as some would have us believe, and we further believe it to be the duty of every homœopathic physician, to use that potency which he finds, by experience, when administered in accordance with the law of similars, will most safely and quickly cure the patient.

VI.

REPORT ON EPIDEMICS AND ENDEMICS.

BY JACOB JEANES, M. D.,
W. WILLIAMSON, M. D., } PHILADELPHIA.

THE subjects referred to this committee are too extensive for a monograph of a suitable length, to be read before this Association, and they are too important to be presented in a form so condensed that it would not occupy too large a space in our annual report, therefore the committee will limit itself to the expression of some observations, suggestive rather than didactic, on a few points which possess considerable interest.

Diseases are termed epidemic when they attack in a similar way a large number of persons about the same time in the same locality. When a large proportion of the cases prove fatal, they are often called pestilential. A disease rarely occurs epidemically in any place where it is either not endemic or has its sporadic type. Thus Pestis or plague exists endemically on the shores of the Mediterranean, whilst Yellow Fever is endemic in the West Indies and the United States. The former has visited very severely in an epidemic form parts of the countries where it is endemic, without ever having invaded the territory of Yellow Fever. The latter, it is true, once visited Gibraltar, but as a general rule the countries subject to plague have escaped the visitations of our American Yellow Fever. The ravages of the plague in England, where it is not endemic, appears to have been another exception to the general statement just made; but it would be worthy of the attention of English physicians, the inquiry whether there are not sporadic cases of this disease in England.

There are various diseases which may occur sporadically

everywhere. Among these, Scarlet Fever and Measles are striking examples, and these may appear epidemically everywhere. The former of these may be said to prevail sometimes as an epidemic in the summer and autumn, whilst the epidemics of Measles occur in the winter and spring. Your committee cannot be expected to give you the reasons for this but it may venture to call the attention of members to the subject in the hope that the accumulation of observation in regard to such epidemics may enlighten us very much in regard to them. Avoiding further remarks in relation to these diseases, we would make a single observation respecting epidemic visitations, namely, that epidemics are most severe in their first appearance.

The Cholera of 1832 was much more severe than that of 1849, and that again more severe than that of 1866.

The disease termed Diphtheria which appears to embrace putrid sore throat and membranous croup, as sporadic types, was exceedingly severe a few years since, but has been gradually declining in malignity since its first appearance.

There is a marked contrast between diseases as they appear as epidemics and as endemics. In the former, one attack frequently precludes others of the same kind in after life, whilst in the latter renewed attacks are frequent, although it often happens that persons by long exposure to pathogenetic endemic influence become acclimated and enjoy almost perfect immunity from them.

As the diseases which occur epidemically include many of those known to be contagious, infectious, or *catching*, and which occur but once in a life time, may it not be that all epidemic diseases which secure a person against a second attack, are really *catching* diseases, rendered epidemic by some influence which increases the susceptibility of the system to them? And if so, may we not place Plague and Yellow Fever in the same catalogue with Scarlet Fever and Measles?

VII.

REPORT ON OBSTETRICS, ETC.

BY HENRY N. GUERNSEY, M. D., PHILADELPHIA.

As the Report on Obstetrics, presented to the American Institute of Homœopathy, at its session last June, has not yet been published in the proceedings of that body,* it may not be out of place to present the same to this meeting, especially as its contents will be new to many, and except through this channel may not be brought to their notice. It will, moreover, form an appropriate basis for the Report designed especially for this meeting, inasmuch as the same questions and principles are involved in both.

"In the first place I would invite attention to the great suspensory ligament of the uterus in its relation to uterine displacements. To every member of the profession it is well known that the peritoneum invests every viscus and organ in the abdominal cavity, and that it acts as the grand suspensory ligament to each and all of them.

"The peritoneum passing down on the inner surface of the parietes of the abdomen, and over the fundus of the bladder to the lower fourth of the uterus is reflected upon and covers all the superior three-fourths of the anterior surface of this organ, its fundus and its entire posterior surface, and from thence extends to the rectum, &c. The uterus is thus seen to be enclosed in an almost complete fold of the peritoneum, which is itself

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* The report referred to has now been published in the Transactions of the Institute, yet as the subject-matter contained in it is very interesting, and likely to excite considerable discussion in the minds of the profession, it has been deemed best to reprint it in full.—Pub. Com.

firmly attached to the abdominal parietes in every direction. At the same time, from the peculiar character and mode of arrangement of this means of support, the uterus itself is capable of moving in every direction, except downwards, with great freedom and without experiencing either loss of tone in its attachment or becoming unstable. But it is certain that the uterus cannot sink below its proper level, either perpendicularly or by being anteverted or retroverted, without injury to the natural tension or proper tonicity of its support. Consequently, the uterus cannot be displaced so long as the peritoneum is in a normal state. And in order to cause the displaced uterus to resume its natural position, we have but to administer such medicines as shall restore the normal condition of the peritoneum. When there are mechanical obstructions, mechanical means must of course be employed to reduce the displacement. Thus, in retroversion, the fundus uteri may become so engaged beneath the promontory of the sacrum, and in anteversion, beneath the pubic arch; or otherwise so much displaced, as in extreme *procidentia*, that it may require the use of the finger, the hand, and even of an instrument, to restore it to its normal position. When this is done, we have but removed the mechanical hindrances to a radical cure of the case. For the disease does not in any instance consist in the condition of the womb itself, which may be perfectly healthy, or in the displacement which we have already abolished, for the moment; but in the cause which originally produced the displacement, and which, if not remedied, will infallibly produce it again. This cause will be found in the loss of tone or other morbid state of the peritoneum, or great suspensory ligament. And the morbid state of this extensive and complicated organ, instead of being a mere local weakness, will, in the great majority of cases, be found to be either the natural consequence of general debility, or, as is still oftener the case, the express development of some chronic disease, of some constitutional dyscrasia. It is from such considerations we object *in toto* to the entire class of pessaries and abdominal and uterine supporters. The exhibition of massive doses of morphine, in our opinion, does not more effectually obscure the symptoms of a neuralgic affection

—which it might indeed palliate, but which it could never cure —than does the use of pessaries, supporters, &c., render impossible the radical cure of uterine displacements in the great majority of cases. They have had their day, and in the clearer light of pure homœopathic treatment, they are cast into the shade, seen to be useless and even worse than useless.

"The philosophy of the above mode of treatment is beautifully exemplified in the cure of hernia, even when incarcerated. By means of the indicated remedy, the inflammation is reduced, the peritoneum returns to its normal condition and position, carrying back with it the displaced portion of intestine.

"The same principles of strict homœopathic treatment apply also to all the various organic diseases of the uterus itself, and of its appendages. All the several forms of ulceration of the cervix and of the vagina, and all the various leucorrhœal discharges from these organs, are far more successfully treated by the exclusive use of the properly selected homœopathic remedy. No topical application of any kind or sort whatever should be used. Even the injection of simple cold water into the vagina for any purpose whatever is decidedly objectionable, and should not be allowed. The more strictly we rely upon the real Hahnemannian principles for the medical treatment of women, from birth to the climacteric period, the more comfortable shall we render the lying-in chamber, and the more certainly shall we provide for the best good of their offspring. In illustration of these principles, and in confirmation of the strict observance of them here recommended, innumerable cases could be adduced in which the most extreme suffering in child-bed, where such treatment had not been enforced, has been converted into easy and almost painless deliveries by the careful employment of homœopathic treatment from the commencment of pregnancy.

"Secondly, your committee take great pleasure in announcing that it is becoming more and more apparent every day that entire reliance may be placed upon the properly selected medicines in all cases of retained placenta; and that this is equally true, whether the retention occur from want of contraction of the uterus, or from irregular, spasmodic or hour-glass con-

tractions,—however painful and protracted these disorders may be.

"It has been confirmed by much experience, that the hitherto frightful complication of puerperal convulsions is no longer to be feared by him who has learned to apply the properly selected homœopathic remedy. This, indeed, is a noble triumph of our art.

"And in cases of puerperal hemorrhage, we are no longer reminded of the tampon, the cold douche, or the insertion of ice, as the most efficient agents; since we feel perfectly safe in our certainty of the efficiency of Ipecacuanha, Sabina, Chamomilla, Belladonna, Secalè c., Pulsatilla, China or whatever other medicine may be indicated by the particular condition and symptoms of our patient.

"In placenta prævia,—that hitherto most fearful complication which can arise in the practice of Obstetrics,—the members of the Institute and of the profession at large, have reason to rejoice that the great boon, the *ne plus ultra* of a proper method of treatment, has at last been found and proved to be perfectly reliable. We allude to the method proposed by Dr. D. Wielobycki, as described in the fourth volume of the *British Journal of Homœopathy*, pages 43 and 395.

"This method consists in simply puncturing the membranes, through the placenta, by means of a female catheter, thereby evacuating the liquor amnii. This is to be done when labor is really advancing, or when no more blood can be lost without compromising the life of the patient. The fearful hemorrhage subsides from the moment the liquor amnii commences to flow, and in a few moments more it ceases entirely,—by reason of the uterus retracting upon itself, and thereby shutting up the patulous orifices of the blood-vessels. As labor advances the child is now forced through the placenta, and delivered as in all normal cases.

"If the woman is in labor at our first visit, we do not wait for the catheter, but, with the finger, seek out a sulcus between the cotyledons of the placenta; and, during a pain, plunge through the membranes, taking care to allow the liquor amnii to pass off very slowly, in order that a prompt retraction of the

uterine fibres may shut up the thousands of bleeding pores. By this means all mothers are universally saved, and nearly all their offspring. And we avoid the fatality of the old, painful and distressing method, that of forcing the hand between the placenta and the uterus for the purpose of seizing the feet, a fatality more fearful than that of the deadly yellow fever of Gibraltar, the malignant cholera, or the plague of Smyrna, even under the allopathic practice.

"Thirdly, your committee would beg leave to enter an earnest protest against the use of anæsthetics in labor, and to urge in support of this protest the following reasons:

"1. Parturition is the last act of the grand function of reproduction. That parturition is functional no one will pretend to deny;—then why treat it as a mere surgical operation, and place the pretended subject under the influence of chloroform; thus abusing and degrading one of the most exalted, one of the most sacred functions of humanity?

"2. Whilst under the influence of anæsthesis, no opportunity is afforded for morbid conditions to become manifest in the fulfillment of this function, and, of course, no prescription can be made, no matter how much it may really be needed. The welfare of both mother and child may now be sacrificed, whereas under more favorable auspices the real condition becomes manifest, affording indication for Nux vomica, Chamomilla, Kali c., Ipecacuanha, Coffea, Pulsatilla, Opium, Belladonna, Gelseminum, or for some other medicine, which might contribute to save the lives of both mother and child.

"3. By careful study and observation of the parturient woman, much has been learned for her benefit respecting the administration of medicines, and we are only just upon the threshold of what may yet be discovered in this department of our most noble art. But the administration of anæsthetics strikes a death-blow at further improvement in this direction, and will even cause what we already know to fall into disuse.

"In the fourth place your committee would remark that the custom of bandaging recently delivered women has been so long and so generally observed that it might seem out of the question to object to it; and yet I am fully convinced that

it is a custom which is injurious rather than beneficial, and one which will ere long be abandoned by all thinking and practical physicians.

"The fact that many women make a good recovery in spite of the bandaging, by no means proves that this application is either necessary or even useful.

"Our reasons for believing it to be both unnecessary and in many cases absolutely injurious, will now be briefly stated:

"1. On reference once more to the natural position of the uterus and to its suspensory ligament, it will be observed that the bandage has the effect to so elevate the fundus as to threaten its retroversion, and at the same time to favor its more ready descent into the pelvic cavity, thus causing prolapsus and finally procidentia.

"2. The real object sought to be obtained in bandaging, viz., to lessen the size of the abdomen after parturition, is actually defeated by the means used. For the natural disposition of all muscular structures to contract is absolutely weakened and diminished by the introduction of artificial means, a fact generally admitted. Indeed, we know from observation on a large scale, that the 'pot-bellied women' are found mostly among those who have taken the most pains in bandaging during their lying-in period.

"3. But the most serious objection to the use of bandages for lying-in women is found in their tendency to cause irritation and to impair the circulation. And we think that this influence may even lead to the establishment of puerperal inflammation. What else could be expected, when the abdomen of the recently delivered woman—which, with all its contents, is in a bruised and tender condition—is compressed tightly together and so confined by a heavy and cumbersome bandage? Is not such a method of procedure contrary to reason and incompatible with sound judgment?

"By many, as well as by myself, this practice of dispensing with the bandage has been fully tested, found to be far more comfortable to the patient and promotive of a more rapid convalescence. In women heretofore troubled with prolapsus soon after rising from their lying-in period, no symptoms of the kind

now manifest themselves, since, unrestrained by the bandage, and entirely uninterfered with, the uterus is allowed to resume its normal position in a perfectly natural manner."

The treatment of certain uterine derangements and difficulties attending parturition described in the above report, is becoming more and more generally adopted, and is being found perfectly reliable by those who seek in all cases for the best and only reliable remedy. In Europe and by the old school accoucheurs of this city, the practice of bandaging lying-in women is being rapidly dispensed with, so convinced have they become of its injurious effect.

The method of preparing pregnant women for parturition, was described in an elaborate report presented to this Society at its last meeting. We regard the practice therein stated as advisable, but no panacea has yet been discovered for the ailments peculiar to pregnancy, nor will any one possessing a knowledge of the great number and variety of those ailments ever expect the discovery of such a panacea. But it is certain that when women are carefully treated, homœopathically, from the commencement of pregnancy, their sufferings and dangers during labor will be lessened to a surprising extent, while their recovery will be much more certain and rapid.

To this subject too much importance cannot be attached.

There is another matter to which your committee would call the attention of the Society and of the profession, and this is the treatment of Infantile Colic.—In such cases we find at the very commencement of extra-uterine life, the germ of a frequently fatal, or of a life-lasting disease, yet capable of an easy cure by the administration of the proper homœopathic remedy. This Colic appears in a variety of forms, and each different phase is the exponent of its internal character and requires its own peculiar remedy. It is hardly necessary to state here that this disease should never be combatted or suppressed by opiates or palliatives. A great variety of remedies are needful to meet successfully all the forms of Infantile Colic, and the number of these is increasing year by year as experience shows their applicability. In proportion to our success in curing infantile diseases do we promote longevity, raise the standard of health,

and so aid in the production of sound bodies, the indispensable abodes for sound minds. We know by an experience of many years that the careful homœopathic treatment of Infantile Colic has raised many colicky, sickly infants to the enjoyment of robust adult life, while we have seen the suppression of this disease terminate in life-long misery or death.

We wish also to call the attention of this meeting to another point. Now, it has been stated on good authority, that in mal-presentations, even when the breech has presented and at the full term, Pulsatilla and other analogous medicines have effected natural presentations and consequent natural deliveries. Your committee would recommend to the profession to institute careful observation on this point, so as to determine with certainty whether any reliance, or how much, may be placed on this mode of treatment.

CURIOUS OBSTETRICAL CASE.

BY J. H. MARSDEN, A. M., M. D., YORK SULPHUR SPRINGS.

On the morning of the 7th of April, 1868, at about half-past one, I was summoned to attend Mrs. B., the wife of a respectable farmer, who had been taken with labor pains during the night. My services had been engaged for her some time before, and at my request, she had for several days been taking *macrotin* thrice daily. On my arrival, I found the patient still sitting up, and directing in person the preparations necessary to her confinement. Her pains as yet were rather distant, and not very vigorous. As soon as the preliminaries were arranged, a digital examination was made. I found the os uteri fully dilated, the head presenting, but very high up, and nothing seemed necessary but efficient contractions, and the rupture of the membranes, to effect its rapid descent and a speedy delivery. The waters were artificially discharged soon after the patient lay down, and the pains shortly afterwards became very severe. Upon examination after the rupture of the membranes, the dilated *os* seemed to *hang* around the fingers, yielding very much the sensation as if they had been introduced into the open mouth of an empty purse; while the head had made no perceptible descent, lay in a nearly transverse position, and manifested no disposition to flex or occupy the superior strait. The sagittal suture was difficult to trace, and the fontanelles so small as to be scarcely recognizable.

The ineffectual sufferings of the patient led her to beg for chloroform, which I administered till pretty complete anæsthesia was produced. I found, however, that this agent (and this is only the second instance with which I have met, of such effect), almost wholly suspended uterine contractions, and its administration was therefore suspended.

Attempts were made from time to time, during a pain, to produce flexure of the head, but as soon as the fingers were removed, it resumed its former position. After a considerable time, it entered the upper strait, and descended very slowly and partially into the cavity of the pelvis, where it shortly became stationary in despite of the most agonizing pains. The countenance, pulse, and character of the vaginal secretions admonishing me of the failing strength of the patient, I immediately resolved upon an attempt to deliver with the forceps. This was about 5 o'clock P. M. The first blade was introduced without difficulty, but as the uterus was almost incessantly in the most vigorous action, and the head scarcely at all flexed, I was foiled in my first attempt to introduce the second blade. Immediately recollecting that chloroform in this case suspended uterine action, I again administered it to complete anæsthesia, when I readily introduced and adjusted the blade, producing an easy lock, and delivered the head without difficulty. When I first looked upon the child, I thought it was dead, but soon noticing signs of life, I proceeded to use measures for resuscitation. I also at once perceived beneath the chin a fluctuating tumor, extending about half way around the neck, upon both sides, and also downwards, so as to bring the extremity of the chin nearly in a straight line with the thorax. When I now forcibly flexed the head, the tumor protruded, giving to the infant an appearance, reminding one of that of the pigeon called the "Pouter." When the force was removed, the chin immediately resumed its former elevated position, by the elasticity of the tumor. Here then I perceived the cause of the want of flexion of the head, of its difficult descent, and of its arrest in its passage, not from its unusual size, nor from any deformity in the maternal pelvis, but from its inability to accommodate itself to the varying diameters of the canal through which it must pass.

The very feeble, exhausted condition of the mother, claimed my whole attention after the child was delivered over to the care of the temporary nurse, until I was obliged to leave, so that I was unable to make a particular examination of the nature of the tumor. So unpromising was the case, in the esti-

mation of my female assistants, that it was with difficulty I could persuade them to give the necessary attention to the child, for they thought it was better it should die than live. I left, however, assuring the parents that I had the hope the deformity would pass away, and intending to examine it thoroughly at my next visit. When I came next morning, I was informed by the woman, an experienced person, who had remained with the patient, that on examining the cradle during the night, she had found everything about the child so wet, that she first thought the tumor must have broken, but soon ascertained this not to be the case, but that it was the result of excessive urination, such as she had never before witnessed in any child, and she had had charge of very many. I went to examine the tumor, when to my surprise and delight, I found it entirely gone, and the child looking unusually well. A very slight superficial mark upon the skin near the eye, from one blade of the forceps, which had rested upon the face (the *rotation* of the head having also been very slight), was all the deformity that remained, and this wholly disappeared within a very few days. The child is now (June 22d, 1868), very thriving, and the mother, a delicate woman, made as good a recovery as could be expected of her.

VIII.

REPORT OF THE COMMITTEE ON STATISTICS.

BY DAVID COWLEY, M. D., PITTSBURG.

THE Committee on Statistics report having endeavored, by correspondence with different parties in various sections of country, to procure statistics, but not having fully succeeded, the following are presented, the bulk of which have already been published in pamphlets, journals and directories, and the only merit your committee can claim is, that they are here presented in one view.

Your committee would here acknowledge the indebtedness of the whole profession to the Hahnemann Life Insurance Co. of Cleveland, Ohio, and the Atlantic Mutual Life Insurance Co. of Albany, N. Y., for the amount of labor expended on the collection and advantageous presentation of the statistics of the homœopathic treatment of diseases. As both companies circulate thousands of copies of their pamphlets, containing these statistics, your committee thinks it useless to go over the ground so well worked by them. The "GENERAL SUMMARY" of the Atlantic and the "RECAPITULATION" of the Hahnemann are therefore given, and these sufficiently present the result. The losses of both companies since their organization have been small, but it is a little remarkable that the proportion of loss of the company by death, of allopathists, insured in the Atlantic, is very large, there being but two deaths of homœopathists and three of allopathists, while the proportion of allopathists insured is not one-fifth of the whole number.

GENERAL SUMMARY OF STATISTICS FROM THE PAMPHLET OF THE ATLANTIC MUTUAL LIFE INSURANCE CO.

	Per cent. Homœopathic mortality.	Per cent. Allopathic mortality.	Per cent saved by Homœopathy.	Ratio of Allo. to Hom. mortality.
General Diseases	4.17	13.53	69.18	3.24
Cholera	16.88	49.57	66.05	2.94
Typhus Fever	8.58	38.95	77.68	3.95
Yellow Fever	5.33	43.68	87.80	8.20
Pneumonia	5.34	31.22	82.90	5.84
Average	8.06	34.39	76.72	4.83

STATISTICS FROM THE PAMPHLET OF THE HAHNEMANN LIFE INSURANCE COMPANY.

RECAPITULATION.—PER CENT. OF MORTALITY.

	Allopathic.	Homœopathic.
In all diseases, in hospitals, about	10	5
In Cholera, " "	48	18
In Yellow Fever, " "	34	9
In Typhus Fever, " "	45	8
In Pneumonia " "	22	6
In Orph. Asylums, all dis. "	3	1⅛

We have also received the Annual Report of this company, and a statement from the Official Returns to Superintendent Barnes, of New York, from which we learn that the rate of mortality, experienced by the company in 1867, was less than half what it should be, to equal the ratio warranted by their tables. Had the company paid, on losses by death, $16,119.91, it would have come up to the mortality allowed by Hon. Elizur

Wright, from the number insured in it; whereas it paid but $8000, a result very creditable to Homœopathy and to homœopathic medical examiners, as well as to the company.

Dr. H. M. Smith, in his report to the American Institute of Homœopathy, June, 1867, states the number of homœopathic physicians in the United States to be 3,639, which we have every reason to believe is nearly correct.

The number of living members of the American Institute of Homœopathy is 689. Deceased members, 90.

The Directory published by Henry Turner & Co., 77 Fleet St., E. C., London, entitled "THE HOMŒOPATHIC MEDICAL DIRECTORY OF GREAT BRITAIN AND IRELAND" is creditable alike to the editor, printer and publisher.

According to it, there are in the British Islands 224 homœopathic physicians *registered* according to the requirements of the "Medical Act," and 12 *not registered*, but *qualified* to be so according to the same act; also, five holding degrees from American colleges not qualified according to, nor recognized by the "Medical Act."

There are also twelve veterinary surgeons practising homœopathically.

Obituary notices of ten homœopathic physicians are appended.

In the same directory is given an incomplete list of homœopathic physicians in some other parts of Europe, in Cuba, Cape of Good Hope, and Calcutta. There are 197 in Spain (this list seems to be complete), and thirteen in Cuba. Six are named as being in Nice, but there are many others. Cannes is visited once a week by Dr. Meyhoffer, of Nice. There is one in Lucerne, Switzerland; one in Hyeres; three at the Cape of Good Hope, and one in Calcutta, India.

"The British Homœopathic Society," instituted April 10th, 1844, numbers eighty-seven ordinary members; twelve fellows; four honorary, and twenty-seven corresponding members.

There are three other homœopathic societies in Great Britain. "The Northern Homœopathic Medical Association," founded in 1852, reconstituted 1862, numbering thirty-one members; "The Midland Homœopathic Medical Society," and "The Liv-

erpool Homœopathic Medico-chirurgical Society." The names of the officers of the two latter societies are given, but the number of members is not indicated.

Since the last meeting of this Society, two homœopathic colleges have been organized in this country, one of them the Hahnemann Medical College of Philadelphia, in Philadelphia, and the Dix Homœopathic Medical College of Missouri, in St. Louis, Mo., for the education of women. This swells the number of homœopathic colleges in the United States to seven.

As far as your committee is aware, there are but two general homœopathic hospitals in the United States* The New York Ophthalmic Hospital has been under the charge of homœopathists for about one year. There are, however, dispensaries in most of the large cities and towns of the Union.

Although the number of homœopathic physicians in the British Isles is small compared to the number in the United States, yet their charitable institutions far outnumber ours. At the London Hospital 379 in-patients, and 5,588 out-patients were treated in 1865; of the 379 in-patients only ten died. Their dispensaries number sixty-three.

In the Home for Little Wanderers, Philadelphia, from January 1st, 1867, to January 1st, 1868, ninety-three cases were treated, with one death; and in Bond St. Homœopathic Dispensary and its branch, New York city, from Februafy 1st, 1866, to February 1st, 1867, 25,056 cases were treated and 48,036 prescriptions given, including those made in 8,245 out-door visits. The Report of the Homœopathic Hospital and Dispensary of Pittsburg is given elsewhere.

As a matter of general interest, it may be stated that in 1866 a petition was presented by the workmen of Paris to the French Senate, in favor of having Homœopathy introduced into some of the French hospitals, so that they might receive the benefit of homœopathic treatment. The petition was signed by 1,790 workmen. It appears that this class so fully appreciate the benefits of Homœopathy, that there were 77,075 consultations

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* There are now two in addition, in process of establishment; one at Cleveland, Ohio, and one at Philadelphia.—*Pub. Com.*

at the four homœopathic dispensaries in Paris—during what time is not stated—but probably within the year previous to the report. There is another short paragraph extracted from the British Journal, given in the British Hom. Directory, showing a very favorable result for Homœopathy in the Hospital of Roubaix (Nord), under the care of Dr. Liagre. The Doctor shows that the mortality was not only less, but that the diseases were cured much more rapidly, thus leaving room for a greater number of patients in the same wards. He says in his report to the administrators of the Hospital of Roubaix: "For the last three years, the number of my beds has not been increased;" (he was physician to the hospital while he was an Allopath) "there were forty at the end of 1861, and there has been a like number during 1862, 1863 and 1864, and you are aware, gentlemen, that the beds in my two wards were always full. Well, in 1862, I had only 348 admissions, whilst in 1863 I had 416, and in 1864, 479. On comparing these three figures, it will be seen that in 1863 sixty-eight patients, and 1864, 130 patients, could be received into the hospital, in consequence of the homœopathic treatment, who would have been excluded for want of room, had the old system of treatment been continued."

Another short item of statistics is given in the British Directory: "The results of the homœopathic treatment of Rinderpest" (Month. Hom. Rev., p. 250). A paper, including the report of "Association," &c., asserts that—

	The per centage of cures under Homœopathy was	Average recoveries under Allopathy being
At Norfolk	13	7
At York	45	17½
At Cheshire	30	7

The number of homœopathic medical journals in the United States is eleven or thereabouts; in England three, and "The Annals of the British Homœopathic Society, and of the London Homœopathic Hospital."

IX.

REPORT ON HYGIENE.

BY W. JAMES BLAKELY, M. D., BENZINGER.

THE subject of hygiene is so vast, that the difficulty of writing upon it is not to know what to write, but rather how to condense and to find how something useful may be presented in the brief space of time allotted for the reading of reports. This, after many attempts, I have discovered to be impossible, and my paper will, therefore, exceed the required proportions. A report upon the subject of hygiene, I had considered, should at least embrace the five following points: *food and drink in health and disease; management of infants; disinfection; climacteric influences*, and *physical culture*, and upon these I had already written to some extent, but when I found my work assuming alarming proportions, I concluded to curtail the scope of my labors, and to consider some one topic which I might treat with some degree of fullness. This course necessarily renders the paper incomplete, and makes it, in fact, not a report on hygiene, but only a portion of one. In its preparation, I have freely availed myself of everything which seemed to me useful, for I do not consider that, in appointing committees on scientific subjects, you so much desire their peculiar ideas upon their respective subjects, but rather a condensation of facts and of our knowledge of them. I shall, therefore, request your attention to a very imperfect consideration of the subject of:

FOOD AND DRINK IN HEALTH AND DISEASE.

As it is important to a correct idea of the subject of food, that its elementary constituents should be understood, I have

thought it advisable, before proceeding to its immediate consideration, to briefly review the various substances which enter at once into its composition and into that of the human body. To these substances physiologists have given the name of "proximate principles," and have defined them to be: *substances, whether simple or compound, chemically speaking, which exist, under their own forms, in the animal solids and fluids, and which can be extracted by means which do not alter or destroy their chemical properties.* Thus, for instance, *phosphate of lime* is classed as a proximate of bone, since it possesses an independent existence in that portion of the animal economy, and can be removed therefrom without disturbing its chemical character.

Phosphoric acid, however, does not come under this class, since it can claim no such existence in the bony tissue, but is a result only of the decomposition of the calcareous salt; while *phosphorus* would be still less entitled to be considered a proximate principle, since it is obtained by the decomposition of the phosphoric acid. The proximate principles are divided into three classes: the *inorganic*, *the non-nitrogenous* and the *organic*. It is impossible, and indeed unnecessary, in a paper of this kind, to consider these classes in detail, but I will notice the main points connected with the most important of each, as a necessary preface to the proper consideration of the subject.

The first class comprises proximate principles of an *inorganic* nature. They are found everywhere, in unorganized as well as in organized bodies; they present themselves under the same forms, and with the same properties, in the interior of the animal body as elsewhere; are crystallizable, and have a definite chemical composition. The principles are: water, chloride of sodium, carbonate and phosphate of lime, carbonate of soda, carbonate of potassa, &c.

1. *Water.*—Water is present in every tissue and fluid of the body, and is absolutely essential to the maintainance of life. Its presence in the blood and secretions is necessary to give them that fluidity which is required for the proper performance of their functions, for the introduction of new substances into the body, and for the discharge of waste material, both of which must, for the time, assume the fluid form in order to pass and

repass through the animal frame. It is also an ingredient in the solids which, when exposed to the air or to heat, lose water by evaporation, and become diminished in size and weight. When we consider that water constitutes two-thirds of the human body, and that it is a constituent of every part of it, we will readily recognize its importance.

2. *Chloride of sodium* ranks next to water in the scale of importance, and is found universally throughout the various solids and fluids of the body, with the exception, perhaps, of the enamel of the teeth. By it is regulated the process of exosmosis and endosmosis, or the admission and remission of fluids and gases through the animal membranes.

3. *Phosphate of lime* is, of the mineral ingredients, one of the most important; in the bones and cartilages it is solid, giving them their required solidity and resistance. In the blood it exists in a liquid form, being held in solution by the albuminous matters of that fluid.

4. *Carbonate of lime* is found in the bones and in the urine, and forms almost entirely the concretions of the internal ear. In the blood and urine it is held in solution by free carbonic acid and chloride of potassium, both of which exert a soluble action upon it.

5. *Carbonate of soda* is found in the bones, blood, saliva, lymph and urine. From it the blood derives its alkalescent reaction, by which the solution of albumen is facilitated.

6. *Carbonate of potassa, phosphates of magnesia, soda and potassa.*—The first exists in about the same situations as carbonate of soda; the others, in small quantities, are found in all the solids and fluids of the body.

In the second class of proximate principles are included *the starchy, the saccharine* and *the oleaginous* groups. They are of organized origin, and do not, like those of the first class, exist in external nature, but are only found as ingredients of organized bodies. They exist, however, in different proportions, in both animals and vegetables, have a definite chemical composition, and, being composed of oxygen, carbon, and hydrogen, without nitrogen, are called "non-nitrogenous" substances.

1. *Starch*, though not crystallizable, is, from its easy conver-

tibility into sugar, which possesses this property, properly included in the second class of proximate principles. Nearly all the flowering plants contain more or less of this substance; corn, wheat, rye, oats and rice are especially rich in it, and the same may be said of peas, beans, the parenchyma of the potato, and, indeed, most vegetable substances used as food. Sago, tapioca, arrow-root, &c., are simply varieties of this substance extracted from different species of plants. Starch is also an ingredient of the human body, Virchow having demonstrated the "corpora amylacea" of the brain to be of a starchy nature, and to exhibit the usual chemical reactions of vegetable starch.

2. *Sugar.*—Sugars are soluble in water, and on evaporation, crystallize more or less perfectly; they have a distinctly sweet taste, and by means of fermentation, are convertible into alcohol and carbonic acid. Sugars are obtained from both animal and vegetable sources, and are divided into many varieties, of which the six following are the principal:

Vegetable	Cane sugar, Grape sugar, Sugar of starch.	Animal	Milk sugar, Liver sugar, Sugar of honey.

Cane and grape sugars are held in solution in the juices of their respective plants. By boiling starch with a dilute acid, we obtain sugar of starch. In the tissues of the liver and in the mammary gland are produced liver sugar and sugar of milk, while, from vegetable materials, the bee produces sugar of honey.

3. *Fats.*—These, like the sugars, are derived from both animal and vegetable sources. Between the oleaginous and saccharine matters, the principal difference is, so far as regards their ultimate chemical composition, that in the sugars the oxygen and hydrogen always exist in the proportions to form water; while in the fats the carbon and hydrogen are almost equal, but the oxygen is considerably less. At a high temperature, the fats are fluid, but on cooking assume the solid form. In water they are all insoluble, but are readily soluble in ether.

The proximate principles of the third class are very important, and constitute by far the greater part of the entire mass of the body. They are derived from both animal and vegetable sources, and have been known as "protein compounds," "albu-

menoid substances," and "organic substances." They are not crystallizable, and when pure, invariably assume an amorphous condition, which is sometimes solid (as in the organic substance of the bones), sometimes fluid (as in the albumen of the blood), and sometimes semi-solid, as in the organic substance of the muscular fibre. In them are contained the four chemical elements, carbon, hydrogen, oxygen and nitrogen, while those of the second class do not contain the last named element, and in contradistinction to these, the proximate principles of the third class have been called "nitrogenous substances."

The following are the principal:

1. *Fibrin*, found in the blood, and in small quantities in the lymph.

2. *Albumen* occurs in the blood, the lymph, the fluid of the pericardium, and in that of serous cavities generally.

3. *Casein* exists in milk, and is coagulated by the juices of the stomach. It is the principal organic ingredient in all the preparations of milk, and, in a coagulated form, constitutes the different varieties of cheese.

4. *Globuline* is an organic substance, forming the principal mass of the red globules of the blood.

5. *Pepsine* occurs as an ingredient in the gastric juice.

6. *Pancreatine* is the organic substance of the pancreatic juice, where it occurs in great abundance.

7. *Mucosine* is the organic substance which is found in the different varieties of mucus, and which imparts to them their viscidity and other physical characters.

The importance of the proximate principles in connection with food, has led me to dwell upon them, because that subject cannot be properly understood without a previous consideration of those elements which enter into its composition, and into that of the animal body, of which it is destined to become a part, by supplying the nutriment required by nature; and as it would be impossible for me to consider each and every article of food and its relative importance to each and every disease, I concluded that a physiological consideration of the subject, based upon its proximate principles, was the only rational manner in which it could be presented to you.

"Under the term 'food' are included all those substances,

solid and liquid, which are necessary to sustain the process of nutrition. The first act of this process is the absorption from without of all those materials which enter into the composition of the living frame, or of others which may be converted into them in the interior of the body." (Dalton.)

Remembering, then, the proximate principles of the various classes, and the position which each occupies in the system, and the end which it subserves, we find that those of the first class exist, under their own forms, as independent elements in the various solids and fluids of the body, and that, as it is necessary that this independent existence should be maintained, they must be supplied in quantities sufficient to keep up their natural proportions. It is moreover requisite that they exist under their own forms in the food, since they but rarely undergo change in the interior of the body, but, when received within it, are deposited in its tissue, and afterwards pass out unchanged.

The first and most important of this class is water, since, as we have seen, it enters so largely into the composition of every part of the body. This article is particularly necessary for man, who especially suffers under its discontinuance, even more than when deprived of solid food.

The same regularity of supply must be observed with chloride of sodium, which ranks only second in the scale of importance.

In the various articles used as food, the remaining inorganic substances occur naturally in sufficient quantities, and it is not, therefore, requisite that they be supplied under their own forms from without.

For the proximate principles of the second class, the saccharine and oleaginous matters, man appears to evince a natural desire. In purely carnivorous animals this is not the case, and the fact of their bodies being maintained in a state of health, though starch and sugar were withheld, has given rise to the idea, entertained by some, that they were not necessary as articles of food. This supposition received apparent support from the fact that the formation of sugar in the liver and mammary glands of the carnivora, continued uninterruptedly, though the animals were deprived of saccharine food. This, however, does not apply to the human species, in which a natural desire

for vegetables seems to exist, and it has been observed in the treatment of diabetes, that when the patient had been confined for some time to a diet of animal food, the craving for saccharine articles became so urgent that they had to be supplied. It has likewise been supposed that the saccharine and starchy matters might replace the oleaginous, as it has been demonstrated that a diet of saccharine substances is productive of fat, and M. Huber considered he had conclusively proved these articles to be amply sufficient for this purpose, when he thought he had discovered that bees fed on pure sugar, produced wax enough to show that sugar contained all the fatty matters necessary for the production of wax; but this has been shown to be fallacious, since bees fed on pure sugar alone, soon sicken and die, but when fed on honey, which contains wax and other matters besides sugar, they remained healthy and produced more wax than was contained in the whole amount of food consumed.

Certain experiments made with starch have resulted in demonstrating the correctness of these conclusions. It has been found that while pigs fatten out of proportion to the quantity of food taken, yet the fat must somehow enter with the food, for while pigs which were fed upon boiled potatoes alone, fattened slowly, those fed upon the same in connection with greasy matters, throve well and fattened rapidly. When we remember that this article abounds in starch, and is almost destitute of oily matters, the inference will be plain.

Thus we see that the saccharine and oleaginous matters must enter into the food, for though the latter may be produced from the former within the body, still it is necessary for the perfection of the nutritive process, that it should enter under its own form. Besides, as both these substances are united in many vegetables, it seems natural that man should desire them together. We will see, however, that neither of them alone, or even together, is sufficient for the maintenance of nutrition, but that other substances must be supplied which the system requires perhaps still more absolutely than those we have reviewed.

The proximate principles of the third class have been somewhat incorrectly termed "nutritious substances," because they are no more competent to support life indefinitely than are those

of the first and second classes. That they are very important, however, will be understood, when we remember how largely they enter into the constitution of the animal tissues and fluids, and that any food devoid of these elements in certain proportions, cannot long retain nutritious qualities, and that their loss or absence is more rapidly felt by the system than is that of any other except water. That they are not alone sufficient for the support of the system, has been shown by certain experiments upon animals which were fed upon pure gelatine or fibrin, and which, after a time, became enfeebled, refused the food, and finally died of inanition. · The disgust which these substances exerted has been given in explanation of the refusal of the animals to longer partake of them, but did they contain all the elements required by nature for the support of the system they would have excited no disgust, nor would they have been refused.

Magendie refers to this repugnance, in detailing the results of his investigations on the nutritive qualities of gelatine in the following language: "The result of these first trials was that pure gelatine was not to the taste of the dogs experimented on. Some of them suffered the pangs of hunger with the gelatine within their reach, and would not touch it; others tasted of it but would not eat it; others still devoured a certain quantity of it once or twice, and then obstinately refused to make any further use of it." In one instance, Magendie fed a dog with pure fibrin, but notwithstanding the animal ate of it daily, he became emaciated and died like the others. The proximate principles of the second class have, by some, been considered of less importance than those of the third, because they do not enter so largely into the composition of the solid tissues. The saccharine matter can be traced no further than the blood, and the fats, while pretty generally distributed, exist only in the brain and nervous matter in intimate connection with the other ingredients of the tissues. Thus it is, that the proximate principles of the third class have been termed nutritious, because they alone, under their own forms, constitute a great portion of the ingredients of the tissues, while the sugars and oils rapidly disappear by decomposition. It has been presumed by some

that the sugars and oils were not designed to enter into the composition of the tissues, but merely as combustible material to maintain the heat of the body, but this is by no means certain, and the main difference between the principles of the two classes is simply one of time, those of the second being eliminated more rapidly, those of the third more slowly.

Food, then, to be nutritious, must contain all the proximate principles of all the classes, in proper and natural proportions. Omit, for instance, salt from the food of man, and he will languish and die, as well as if deprived of all food; the difference will be only in the duration of time. Give him nothing but fatty substances, and the result will be the same. Considering these facts as we have seen them, what more important study can there be for the physician than this one of food in health and disease, a correct understanding of which is scarcely, if at all, less necessary to him than is a knowledge of therapeutics. We may cure patients in spite of an utter absence of all hygienic regulations, we may cure them in spite of improper and unwholesome food, as we have all no doubt experienced, but we will certainly cure them much more rapidly and thoroughly and much more to our own satisfaction and to theirs, when these points have been attended to.

In supplying food to the system, and thereby satisfying its wants, the object is not merely to fill the stomach, as too many of the laity believe, and thus abate the pangs of hunger which are there located. Hunger is simply the voice of nature telling us that, in that unending work of destruction and of change which will continue while life exists, portions of the system have been thrown off which require to be replaced. When food is placed in the stomach, the various juices of that organ exercise their specific offices upon it, and by which it assumes a condition suitable for the action of the absorbents, through whose means each element is located in the situation in which it is required. Hunger, then, is simply nature demanding certain component parts which have been lost. This is a reasonable request, and should be answered in a rational manner. That but few, however, understand how to eat or what to eat, is a truism which every observation verifies. Eating is made a

luxury, instead of being regarded as a simple necessity, and instead of only supplying the wants of the system, too many think of it in the light of a pleasure to be indulged in to satiety. But eating is a physiological process, to which, also, a certain amount of pleasure has been added for a wise purpose; for if it were only a work to be performed through absolute necessity, if there were no more pleasure in partaking of food, than in masticating any substance not edible, many men would certainly not eat. But this pleasure should be viewed as the Giver of all good undoubtedly intended it should be, viz: as a simple incentive towards performing a necessary work, and not that the ingestion of food should receive the undivided attention of the epicure and glutton.

But to enter in detail into the subject of food, to dissect each article for your benefit, and to descant upon its merits or demerits, would extend this report to an undue length; but I may briefly present for your consideration, the lesson which may be learned from the study of the proximate principles.

We have seen that nature has supplied to various inorganic and organic substances the same elements which form parts of the animal body.

We know that these various elements within the body, and which make up its composition, are constantly being removed by that process of destruction and reparation which continually goes on within the animal frame.

To repair these losses, and to replace the substances thus removed, something must be supplied which will contain the elements eliminated by the processes of nature. These losses are supplied by food, and this food, it is plainly evident, must contain within itself all those elements thus eliminated from the animal economy, and which are all, in their various degrees of importance, necessary for the sustenance of life.

No one of the classes, as we have seen, furnishes elements sufficient for nutrition, but all must be combined in order that the system may assimilate each and every principle necessary for the continuance of its functions. This is necessary for the maintenance of the system in a state of health, and it therefore becomes the physician to instruct his patrons upon the subject,

to correct their extravagancies, and to impress upon them the truism that entire abstinence from any certain article or articles of food, is not conducive to health, because nature, having supplied to external objects the elements which enter into the composition of the animal body, requires again all of them to repair its losses.

But it is in disease, in the case of those suffering from afflictions consequent upon our nature, that a knowledge of this subject is necessarily and more frequently brought into requisition. Here he will be required to exercise a judgment in the selection of articles of diet, not secondary to that which he bestows upon the choice of his remedy, for in many cases the one is not less important than the other. And here again, no definite rules can be established for the selection of articles of food for different diseases. The physician must bear in mind the case which he has in hand; having carefully established his diagnosis, he must determine what changes, consequent upon the disease, have been produced or are taking place in the system of his patient; he must understand what elements have been eliminated, and must be careful to present such food as will contain these deficient elements, and consequently supply the wants of the system. If, however, unmindful of these principles, he forces upon the patient food containing elements of which the system is not in want, and deficient in those which it requires, he not only defeats the object he is desirous of attaining, but produces injury to his patient which may not be easily remedied. Prof. D. D. Smith thus speaks upon this subject: "No one simple article of food contains all these substances, consequently no one article can be selected as the proper and universal diet."

And the assertion of the Great Master that "man shall not live by bread alone," is full of physiological truth. Even water, that constitutes three-fourths of the body, and enters into the composition of every structure and fluid, will not alone feed the lamp of life. It is but one proximate principle, composed of two simple gases, hydrogen and oxygen, and though its deficiency causes thirst, yet man cannot live by water alone.

"Realizing this, the homœopathic physician regulates the

luxury, instead of being regarded as a simple necessity, and instead of only supplying the wants of the system, too many think of it in the light of a pleasure to be indulged in to satiety. But eating is a physiological process, to which, also, a certain amount of pleasure has been added for a wise purpose; for if it were only a work to be performed through absolute necessity, if there were no more pleasure in partaking of food, than in masticating any substance not edible, many men would certainly not eat. But this pleasure should be viewed as the Giver of all good undoubtedly intended it should be, viz: as a simple incentive towards performing a necessary work, and not that the ingestion of food should receive the undivided attention of the epicure and glutton.

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And the assertion of the Great Master that "man shall not live by bread alone," is full of physiological truth. Even water, that constitutes three-fourths of the body, and enters into the composition of every structure and fluid, will not alone feed the lamp of life. It is but one proximate principle, composed of two simple gases, hydrogen and oxygen, and though its deficiency causes thirst, yet man cannot live by water alone.

"Realizing this, the homœopathic physician regulates the

luxury, instead of being regarded as a simple necessity, and instead of only supplying the wants of the system, too many think of it in the light of a pleasure to be indulged in to satiety. But eating is a physiological process, to which, also, a certain amount of pleasure has been added for a wise purpose; for if it were only a work to be performed through absolute necessity, if there were no more pleasure in partaking of food, than in masticating any substance not edible, many men would certainly not eat. But this pleasure should be viewed as the Giver of all good undoubtedly intended it should be, viz: as a simple incentive towards performing a necessary work, and not that the ingestion of food should receive the undivided attention of the epicure and glutton.

But to enter in detail into the subject of food, to dissect each article for your benefit, and to descant upon its merits or demerits, would extend this report to an undue length; but I may briefly present for your consideration, the lesson which may be learned from the study of the proximate principles.

We have seen that nature has supplied to various inorganic and organic substances the same elements which form parts of the animal body.

We know that these various elements within the body, and which make up its composition, are constantly being removed by that process of destruction and reparation which continually goes on within the animal frame.

To repair these losses, and to replace the substances thus removed, something must be supplied which will contain the elements eliminated by the processes of nature. These losses are supplied by food, and this food, it is plainly evident, must contain within itself all those elements thus eliminated from the animal economy, and which are all, in their various degrees of importance, necessary for the sustenance of life.

No one of the classes, as we have seen, furnishes elements sufficient for nutrition, but all must be combined in order that the system may assimilate each and every principle necessary for the continuance of its functions. This is necessary for the maintenance of the system in a state of health, and it therefore becomes the physician to instruct his patrons upon the subject,

to correct their extravagancies, and to impress upon them the truism that entire abstinence from any certain article or articles of food, is not conducive to health, because nature, having supplied to external objects the elements which enter into the composition of the animal body, requires again all of them to repair its losses.

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diet of his patient by suppressing articles hard of digestion, when the digestive functions have been overtaxed by indulgence, or enfeebled by disease; refusing and prohibiting favorite viands, when they contain a superabundance of proximate principles that are already in excess in the body; directing the use of unpalatable food, because it is well supplied with organic or inorganic substances that the diseased organs are deficient in; looking carefully to the manner of its preparation, that it may be rendered easy of digestion, and that articles needed may be retained in the food, and that those not needed may be dissolved out during the process of cooking. He also limits, or prohibits, the favorite condiments of the epicure, when those condiments are already in excess in the body, or when they interfere with, or effectually counteract his remedies. He knows that an excess of water will render the fluids too dilute, and give rise to dropsical enlargements; that a too free use of common salt will produce scurvy; that much vegetable acid will destroy the alkalesence of the blood, and cause stubborn and painful neuralgia; that an excess of fat will produce bilious, arthritic and rheumatic diseases; that articles too rich in carbon will create an excess of carbonic acid gas, shorten the respiration, poison the nervous system, and give rise to asthmatic troubles."

The subject of "*Drink in health and disease*," is equally important with that of food, and in a moral sense, it is immeasurably more so.

Water, the best gift of God, is the natural drink of man and animals in health and in disease. Were no other used than this life-giving fluid, what sickness, what misery and distress, what terrible crimes would be avoided; what homes now desolate would be happy; what wives, pale and wan, would be blooming as the rose; what children, sickly and diseased, would be radiant with glowing health.

In our review of the proximate principles, we have seen the importance of this fluid as an element in the animal economy. We have seen that it constitutes two-thirds at least of the solids and fluids of the body, and that its continued absence would soon result in death. What physician has not seen the misery produced by the substitution of other drinks for this, and what

physician would not, to his utmost, endeavor to substitute water for the death-dealing poisons now so universally used? The great consumption of alcoholic liquors in this country is a matter to cause the gravest alarm to all who are sensible of the terrible effects of this evil, and should particularly attract the attention of physicians who, as guardians of the public health, are especially bound to arrest, or at least control its progress. That it pervades not only all classes of society, but claims as its victims persons of all ages and of both sexes, is as undeniable as it is terrible. The tender years of youth are no longer a protection against an evil which haunts it at every step, and which but too many willing hands are ready to raise to its lips. That alcoholic liquors are not essential to health, that they do not promote or preserve it, all will undoubtedly acknowledge, but there are many who are not, perhaps, aware of the extensive disease-producing qualities of this poison under its many seductive forms. I will, therefore, briefly consider its action on the human organization, when in a state of health, before referring to its uses in disease.

We are well aware that it is upon the brain that alcohol produces its most direct, most severe and most dangerously poisonous effects, and that when drank in large quantities, and for a length of time, delirium tremens, with all its terrible horrors, is the result. But the more insidious, and therefore more dangerous form of alcoholic brain poisoning, if I may use the expression, is that which follows the long and steady drinking of not necessarily large quantities, or of the induction of intoxication. The more dangerous, because it is more insidious in its approach, and therefore unexpected until the unfortunate victim of his own folly suddenly falls stricken with passive apoplexy. About eighteen months ago, I was summoned to hold a post-mortem examination upon the body of a man who had died suddenly. Upon arriving at the place, I learned the following particulars: The deceased was a young man of good constitution and of stout frame, but strongly addicted to the use of alcoholic liquors, and for about three weeks previous to his death, he had been drinking very freely of the poorest of poor whiskey. Upon the morning of his death, he rose early, ate his breakfast,

and proceeded to his work. When he arrived at the house at which he was employed, he remarked that he did not feel well, and that he would lie down for a while on the grass. After a few minutes, one of his comrades going to him, found him in a convulsion, in which he died. Upon inspection, no wounds or bruises were found. After the body was opened, the lungs, heart and liver were found to be in a healthy condition, but in the stomach were found five ulcers, ranging in size from a half inch in diameter to an inch and a quarter, the lining membrane was highly inflamed and injected, and the contents of the stomach exhaled a strong odor of liquor. The bladder was found thickened and inflamed. The brain was softened; in fact, its consistency was not beyond that of mush; no clot was found, but several arteries were ruptured, and the blood extravasated. The cause of death I pronounced to be passive apoplexy, produced by the long continued use of liquor.

In another post-mortem examination three large ulcers were found in the stomach, the contents of which likewise exhibited the presence of liquor. The brain was not so much softened as in the first case, but a clot was found in the right ventricle. The death in this case was also sudden, and I gave the same cause as in the previous case.

Carpenter says, on this subject: "The state of profound coma, characteristic of the advanced stage of intoxication, may be considered to be identical with that of congestive apoplexy, in every respect save the nature of its cause and its duration. A certain degree of tendency to apoplexy may be said to exist in the slighter form of intoxication; the vessels of the brain being congested, as a consequence of increased action of the heart, and of obstruction to the encephalic circulation, such as is occasioned by imperfect discharge of the functions of the brain; and this obstruction being also favored by that partial stagnation of blood in the lungs, which takes place whenever the respiratory movements are interfered with. . . . . Of the strength of the general opinion of the medical profession,—as to the tendency of alcoholic stimulants to produce the sthenic form of apoplexy, it is impossible to give a stronger proof than the rigidity of the rule of abstinence which is laid down for those

in whom a disposition to it has already manifested itself. Now if it be necessary to lay down such rules to prevent the recurrence of the disease, is it not most obvious that we are justified in attributing to an habitual violation of them its first occurrence? And if habitual excess be so obviously a predisposing cause, can we reasonably deny that the long continued even "moderate" use of stimulants is likely to exert a slow, but in the end a decided influence." That even a moderate use of alcoholic liquors, if long continued, will produce in the end a decided effect, is undeniable, as every physician, at all conversant with the subject, can testify. Some men will drink for months, never to an extent sufficient to produce intoxication, and finally become victims either to delirium tremens or to apoplexy. I have a patient whom I have known to drink steadily for four months, and has done nothing during that time but walk from one tavern to another, and yet I have never known him to be intoxicated, but at the end of his long continued debauch he would have all the symptoms of delirium tremens.

It is admitted by those who have given this subject special attention, that intemperance is one of the causes of inflammatory diseases of the brain and its membranes, and this is by no means surprising when we remember that alcohol, when present in the blood, produces such great derangement of the circulation and of the operations of the nutritive system.

Inflammation of the brain may occur in consequence of a debauch, which may be regarded as its exciting cause; but it also, like the last condition, may obtain, independently of any special excess, as a result of the disturbance in the normal functions caused by the regular and continued imbibition of alcoholic liquors even in quantities not sufficient to produce intoxication; and the state of excitement produced in most persons by alcoholic stimulation *would* terminate in this condition, that is in meningitis, were the process not happily arrested by the elimination of the alcohol from the blood. Again, the state of torpor of the mental functions which occurs in some individuals from the first, and would in all, were the intoxication carried sufficiently far, proves the existence of inflammation of the substance of the brain, which, if confirmed and

accompanied by certain derangements of the nutritive system, would result in cerebritis. The action of alcohol upon the delicate lining membrane of the stomach is, first irritation, next inflammation, then ulceration, and finally, perforation.

In one case, in which I held a post-mortem examination, one of the ulcers had already proceeded so far in its depredations, that the stomach, at its seat, was almost transparent. Upon the liver the effects of this poison are well known, and the symptoms resulting from derangement of this organ are those experienced by him who has indulged in the pleasure of a night's debauch. But to properly consider the effects of alcohol upon the system, one should write a volume instead of a report; therefore with a few words upon its uses in disease, I will dismiss the subject.

The question of the propriety and necessity of administering alcoholic liquors in disease, is one which has given rise to much discussion, and upon it there exists the widest difference of opinion. One party, who are in favor of the strictest temperance, assert that it is not only not necessary as an adjuvant, but that by administering it in disease to those who have been hitherto unaccustomed to its use, habits of drinking and of intoxication are frequently inaugurated. This assertion is one which is worthy the attention of physicians, and, indeed, demands it, since it is their duty, as I have said before, to prevent disease wherever it is in their power to do so, and what more deplorable disease is there than this. It becomes them, therefore, in all cases, before using this agent, to carefully consider whether there may not be something else less harmful which may be as advantageously administered; to study the temperament, disposition and habits of the patient before running so great a risk as that which involves not only his temporal welfare, but also the eternal happiness or misery of his immortal soul; and finally to give no more nor to continue longer than is necessary to secure the desired effect. There have been undoubtedly cases of men who have striven to conquer their appetite for liquor, and who apparently have conquered, but who have fallen again into their old habits through the obstinate pertinacity of the physician in insisting

upon their taking it when sick. Cases occur, however, in which scarcely any other stimulant than this can be used either from their absence when required, or from a want of time to prepare them; this, however, is unhappily almost in every place at hand, and already prepared. In cases of severe and sudden injuries, alcoholic liquor in some form is required to supply that stimulating action to the heart rendered necessary by the depression produced by the shock; also after operations where important members are severed from the body, artificial stimulation must frequently be resorted to, until nature rallies, and the various functions of the system assume a somewhat normal condition. In the stage of prostration of typhoid fever, when the circulation and the action of the heart are impeded, and where a general torpid and sluggish condition of the blood is present, the administration of alcoholic liquor is rendered necessary to supply, for the time, an artificial stimulation, as well as to support the system of the patient, who is usually prevented, by his condition, from receiving other nourishment. In the stage of convalesence of many diseases, where the utmost care is required in the administration of nourishment, the debilitated state of the system, prohibiting many articles otherwise proper and allowable, alcoholic liquor in some form, carefully given, will be productive of beneficial results. Regarding the form of liquor most desirable, Carpenter says that in cases of alarming depression, where we desire to arouse the patient as rapidly as possible, distilled spirit, from its rapid and powerful action upon the heart and nervous system, will be best; where it is desirable to give more continued support with less of stimulation, wine will be found the most preferable form, especially in the advanced stage of fever, and in convalescence from acute diseases. But when we desire to give still greater support with as little stimulation as possible, as in the cases last referred to, malt liquor may be most advantageously employed, as the alcohol, probably from its peculiar state of admixture, is less disposed to exert its remote effects, and the nutritive matter with which it is combined, is in itself beneficial; while the bitter and

somewhat calmative properties of the hop, aid in producing the desired effect upon the stomach.

But the physician must always remember that in prescribing alcoholic liquor in any form, he is dealing with a poison whose effects are terribly destructive upon the human system, and in the administration of which the greatest care is necessary.

X

TREASURER'S REPORT.

DR. *H. H. Hofmann, Treasurer, in Account with Homœopathic Medical Society of Pennsylvania.* CR.

1867.	To balance from D. Cowley, late Treas...	$	69.55
	To receipts from members.....		130.00
		$	199.55

1867.	By B. W. James' Bill.....	$	5.50
	Wm. Quinn's Bill (Printing).....		5.00
	Wm. Quinn's Bill "		5.00
	R. J. McClatchey's Bill.....		8.40
1868.	By Taylor & Hickman's Bill (Printing).		100.00
	Pub. Committee's Bill (Postage, &c.)		29.56
	B. W. James' Bill.....		12.48
	Ringwalt & Brown's Bill (Printing)		12.25
		$	178.19
	Balance in Treasury.....		21.36
		$	199 55

The Auditing Committee would respectfully report that they have examined the accounts and vouchers of H. H. Hofmann, Treasurer, and find them correct, as above.

JAMES B. WOOD,
WALTER WILLIAMSON.

XI.

CONSTITUTION AND BY-LAWS.

CONSTITUTION.

ARTICLE I.

THIS Association shall be known as the Homœopathic Medical Society of the State of Pennsylvania, and its object shall be the advancement of Medical Science.

ARTICLE II.

Any physician of good moral character, who has received the degree of Doctor of Medicine from some regularly incorporated Medical College, and who subscribes to the doctrine "*Similia Similibus Curantur*," may be elected a member of this Society upon the recommendation of the Board of Censors, by a vote of two-thirds of the members present, at any annual meeting.

ARTICLE III.

Every member shall, upon his admission, sign the Constitution and pay the initiation fee.

ARTICLE IV.

Any non-resident physician who may be judged worthy from his attainments in medicine or its collateral branches, may be elected a corresponding or honorary member, by a vote of two-thirds of the members present at any annual meeting, and may participate in the proceedings of the Society, but shall have no vote and shall be ineligible for office.

ARTICLE V.

The officers of this Society shall consist of a President, two Vice-Presidents, a Recording Secretary, a Corresponding Secretary, a Treasurer, and three Censors, who shall be elected by ballot by a majority of the members present, at every annual meeting, and who shall hold office until their successors are elected.

ARTICLE VI.

The President shall preside at the meetings of the Society, preserve order therein, put questions, announce decisions and appoint committees not otherwise ordered.

ARTICLE VII.

The Vice-Presidents, in the order of their election, shall discharge the duties of the President in his absence.

ARTICLE VIII.

Sec. 1. The Secretaries shall give notice of the meetings of the Society, keep a record of its proceedings, conduct its correspondence and have charge of its archives.

Sec. 2. The Recording Secretary shall keep a record of all the proceedings and resolutions, the names of all delegates and members, with the date of admission of each; notify all committees of their appointment and of the business referred to them, notify all members of their election; authenticate by his signature all papers and acts of the Society when the occasion requires it, and bring before the Society communications and business needing its action, not otherwise presented.

Sec. 3. The Corresponding Secretary shall receive and preserve all letters addressed directly to the Society; open and maintain such correspondence as shall tend to advance its interests; give at least two weeks previous notice of all meetings of the Society, to the members; keep a record of all the discussions on any and all the branches appertaining to Medical Science that may occur in the Society.

ARTICLE IX.

The Treasurer shall receive all moneys and make all necessary disbursements, and make an annual report to the Society, in writing.

ARTICLE X.

The Censors shall receive applications for membership, and report to the Society those qualified for admission.

ARTICLE XI.

The annual meetings of the Society shall be held at such time and place as shall be designated at the annual meeting next preceding.

ARTICLE XII.

Seven members of the Society shall constitute a quorum.

ARTICLE XIII.

Any article of this Constitution may be altered or amended by a vote of two-thirds of the members present at the annual meeting; provided, that notice of such intended alteration or amendment shall have been given to the Society when in session, at the annual meeting next preceding.

BY-LAWS.

SECTION I.

The annual meeting of the Society shall be held at 10 A.M., at the time and place decided upon at the annual session next preceding, and the President of the Society, with the concurrence of a majority of the Board of Censors, shall have power to direct such other meetings to be held as they may judge advisable.

SECTION II.

The initiation fee shall be two dollars, and each active member shall pay one dollar annually thereafter.

SECTION III.

At each annual meeting committees shall be appointed to report upon such subjects as the Society may designate.

SECTION IV.

All communications read before the Society shall become its property; but no paper shall be published as part of the transactions of the Society without its sanction.

ORDER OF BUSINESS.

SECTION V.

At the meetings of the Society the following shall be the regular order of business:

1. Report of Censors and election of active and honorary members.
2. Report of the Treasurer.
3. Election of officers for the ensuing year.
4. Reports of Committees appointed at previous meetings.
5. Unfinished business.
6. Appointment of Committees.
7. Miscellaneous business.
8. Reading of Minutes.
9. Annual Address.
10. Adjournment.

SECTION VI.

These By-Laws may be altered or amended at any regular meeting by a vote of a majority of the members present.

XII.

MEMBERS.

Armor, Smith, M. D .....Columbia.
Ashton, A. H., M. D.....Philadelphia.
Bardin, D. P., M. D.....Philadelphia.
Barnaby, Jno. E., M. D..... .....Alleghany City.
Barrett, Chas. B., M. D..... Detroit, Mich.
Bechtle, J. W., M. D.....Harrisburg.
Blakely, W. Jas., M. D.....Benzinger.
Bowman, Benj., M. D ....Chambersburg.
Brickley, J. W., M. D .....York.
Brooks, Silas S., M. D.....Philadelphia.
Brown, Samuel, M. D .....Philadelphia.
Bunting, Thomas C., M. D.....Mauch Chunk.
Burgher, Jas. C., M. D.....Pittsburg.
Carmany, C. J., M. D.....Harrisburg.
Charlton, S. F., M D.....Harrisburg.
Childs, Wm. R., M. D.....Pittsburg.
Chriest, Wm. F., M. D ..... Harrisburg.
Clayton, A. H., M. D .....Addisville.
Cook, Wm. H., M. D.....Carlisle.
Cooper, F. B., M. D.....Alleghany City.
Cooper, J. F., M. D.....Alleghany City.
Coté, Marcellin, M. D.....Pittsburg.
Cowley, David, M. D.....Pittsburg.
Cox, J. Howell, M. D .....Lewistown.
Dake, C. M., M. D..... .....Pittsburg.
Dake, B. F., M. D .....Pittsburg.
Detwiler, Henry, M. D .....Easton.
Detwiler, John J., M. D.....Easton.
Dudley, Pemberton, M. D..... .....Philadelphia.
Fager, Charles, M. D ....Harrisburg.
Faulkner, Robert, M. D.....Erie.

Foster, Geo. S., M D .....Pittsburg.
Friese, Michael, M. D.....Harrisburg.
Frost, J. H. P., M. D .....Bethlehem.
Garberich, E. W., M. D.....Mechanicsburg.
Gardiner, Richard, M. D..... .....Philadelphia.
Garvin, John J., M. D.....Philadelphia.
Gause, Owen B., M. D .....Philadelphia.
Gramm, G. E., M. D .... Philadelphia.
Guernsey, Henry N., M. D.....Philadelphia.
Gumpert, B. Barton, M. D..... Philadelphia.
Harbison, Wm. C., M. D.....Philadelphia.
Herron, Jas. A., M. D.....Pittsburg.
Hewitt, Thomas, M. D ..... Alleghany City.
Hofmann, H. H., M. D .....Pittsburg.
Homer, Horace, M. D .....Philadelphia.
James, David, M. D .....Philadelphia.
James, Bushrod W., M. D .....Philadelphia.
James, Jno. E., M. D .....Philadelphia.
Jeanes, Jacob, M. D.....Philadelphia.
Johnson, I. D., M. D..... ....Kennett Square.
Johnson, J. P., M. D..... .....Latrobe.
Karsner, Charles, M. D.....Germantown.
Koch, Aug. W., M. D .....Philadelphia.
Koch, Richard, M. D..... .....Philadelphia.
Lee, John K., M. D.....Philadelphia.
Lee, C. H., M. D .....Pittsburg.
Lippe, Adolph, M. D.....Pittsburg.
Liscomb, P. D., M. D .....Pittsburg.
Logee, Horace M., M. D..... .....Linesville.
Malin, Jno., M. D.....Germantown.
Malin, George W., M. D ....Germantown.
Marsden, J. H., M. D .....York. Sul. Spr.
Martin, H. N., M. D .....Philadelphia.
Morgan, Jno. C., M. D .....Philadelphia.
McClatchey, Robert J., M. D..... ..... Philadelphia.
McClelland, Jas. H., M. D .....Pittsburg.
Neville, W. H. H., M. D.....Philadelphia.
Pfouts, J. S , M. D..... .....Wilkesbarre.
Preston, Coates, M. D.....Chester.
Preston, Mahlon, M. D .....Norristown.
Rane, Charles G., M. D .....Philadelphia.
Reading, Edward, M. D... .....Hatboro.

Reading, John R., M. D.....Somerton.
Richards, J. C., M. D .....Lock Haven.
Roberts, R. Ross, M. D.....Harrisburg.
Rousseau, L. M., M. D.....Pittsburg.
Seip, C. P., M. D .....Alleghany City.
Smedley, R. C., M. D .....West Chester.
Smith, Wm. H., M. D.....Philadelphia.
Stevens, Chas. A., M. D .....Scranton.
Stiles, William, M. D .....Philadelphia.
Toothaker, C. E., M. D.....Philadelphia.
Ure, Walter, M. D.....Alleghany City.
Urie, Wm. T., M. D ..... Chestertown, Md
Von Tagen, Chas. H., M. D.....Philadelphia.
Walker, Mahlon M., M. D .....Germantown.
Wallace, M. H., M. D..... Alleghany City.
Weistling, C. J., M. D .....Harrisburg.
Williams, Alvan, M. D.....Phœnixville.
Williams, Thos. C., M. D .....Philadelphia.
Willard, L. H., M. D.....Alleghany City.
Williamson, Walter, M. D .....Philadelphia.
Williamson, Walter M., M. D .....Philadelphia.
Wiltbank, Comly J., M. D ..... Philadelphia.
Wood, Jas. B., M. D.....West Chester.
Wood, Henry C., M. D.....West Chester.
Wood, O. S., M. D.....Omaha, N. T.

HONORARY MEMBERS.

Jabez P. Dake, M. D.....Salem, O.
Chas. R. Doran, M. D.....Hagerstown, Md.
Wm. Tod Helmuth, M. D.....St. Louis, Mo.
H. M. Paine, M. D.....Albany, N. Y.
Wm. E. Payne, M. D.....Bath, Me.
J. H. Pulte, M. D .....Cincinnati, O.
F. A. Rockwith, M. D..... Newark, N. J.
I. T. Talbot, M. D .....Boston; Mass.

TRANSACTIONS

OF THE

FOURTH ANNUAL SESSION

OF THE

Homœopathic Medical Society

OF THE

STATE OF PENNSYLVANIA.

1869.

PHILADELPHIA:
A. G. De ARMOND, PRINTER, 104 HUDSON STREET.
1869.

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STANDING RESOLUTIONS.

ADOPTED JUNE 3, 1867.

RESOLVED, That the Homœopathic Medical Society of Pennsylvania, in accepting and publishing Reports of Committees in their Proceedings, *does not necessarily endorse the same.*

RESOLVED, That no longer time than fifteen minutes shall be taken up in reading any single Report. If the Report is of such length as would occupy a longer period, a synopsis of the same, giving the principal points, may be read, and the Report itself referred to the Publishing Committee.

ADOPTED MAY 19, 1869.

The Code of Ethics adopted by the American Institute of Homœopathy, at its twenty-first session, was unanimously adopted as the *Code of Ethics of the Homœopathic Medical Society of Pennsylvania.*

PROCEEDINGS

OF THE

FOURTH ANNUAL SESSION

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF THE STATE OF PENNSYLVANIA,

Held at Wilkesbarre, May 18th and 19th, 1869.

FIRST DAY.—MORNING SESSION.

THE meeting was called to order, and WALTER WILLIAMSON, M. D., of Philadelphia, was called to the chair, the President and Vice-Presidents being absent.

Prayer was offered by Rev. T. M. Reese, of Wilkesbarre.

Among the members present were the following: W. Williamson, M. D., Philadelphia; O. B. Gause, M. D., Philadelphia; Smith Armor, M. D., Columbia; Richard Koch, M. D., Philadelphia; John S. Pfouts, M. D., Wilkesbarre; Comly J. Wiltbank, M.D., Philadelphia; W. James Blakely, M. D., St. Mary's; Bushrod W. James, M. D., Philadelphia; John C. Burgher, M. D., Pittsburgh; Chas. A. Stevens, M. D., Scranton; L. M. Rousseau, M. D., Pittsburgh; Robert J. McClatchey, M. D., Philadelphia.

Drs. J. S. Pfouts and Smith Armor were appointed a Committee to audit the Treasurer's account.

The report of the Treasurer, W. M. Williamson, M. D., of Philadelphia, was then read and referred.

Dr. McClatchey, on behalf of the Committee of Publication

reported that the Transactions of the last annual session of the Society had been published in pamphlet form of 152 pages, and furnished to members and others. The Publication Committee also reported that they had been unable to meet their obligations in consequence of members neglecting to pay dues.

Drs. Blakely, Rousseau, and McClatchey were appointed a special committee to take this subject under consideration and report.

The Committee on Charter reported progress. The report was accepted and the Committee continued.

Drs. O. B. Gause, B. W. James, and R. J. McClatchey, delegates to the New Jersey State Medical Society, submitted a report which was accepted and referred to Committee of Publication.

The delegates from the Philadelphia Medical Society, viz.: Drs. B. W. James, C. J. Wiltbank, Walter Williamson, Richard Koch, J. C. Morgan and Malcolm Macfarlan, made a report through the Chairman, showing that Society to be in a very flourishing condition.

Dr. C. A. STEVENS, of Scranton, reported on behalf of the Luzerne County Medical Society.

Prof. O. B. GAUSE, announced the union of the two Homœopathic Medical Colleges, formerly existing in Philadelphia, and stated that the profession in that city was entirely harmonious, and unanimous in the determination to work heartily in the effort to advance scientific medical education. He also notified the society that a large general hospital would be erected in that city, and that efforts are now being made to raise a sum of $100,000 for building and endowing such institution.

The report was received and the speaker requested to commit it to writing, and hand to Committee of Publication.

Dr. SPERLING, of Wyoming, made some remarks, showing the remarkable success of Homœopathy in his location.

Dr. RICHARD KOCH, on behalf of Hahnemann Medical College of Philadelphia, alluded to the proposed change in the curriculum of instruction in homœopathic colleges, looking to a graduated course to be comprised in three years of instruction. The Faculty of Hahnemann College ask for the support of the

entire profession, that they may be sufficiently encouraged to proceed on this plan; so that the Homœopathic School may be first to take this step towards elevating the standard of medical education.

Dr. Koch also reported from the Hahnemann Dispensary, now in its twenty-first year, that that institution is a great success; upwards of ten thousand patients being annually prescribed for gratis, and numerous obstetrical cases given to advanced students, under the direction of professors.

Dr. J. C. BURGHER made an interesting verbal report, showing the great utility, success, and flourishing condition of the Homœopathic Hospital and Dispensary of Pittsburgh.

Dr. Burgher was requested to submit a written report to the Committee of Publication.

The resignations of Drs. Walter Ure, of Alleghany City, and William Stiles, of Philadelphia, were presented and accepted.

The Board of Censors then reported that the following gentlemen, having been proposed, were found to be eligible to membership, viz: Jos. E. Jones, M. D., West Chester; Malcolm Macfarlan, M. D., Philadelphia; W. Beesly Davis, M. D., Philadelphia; G. E. Chandler, M. D., Lock Haven; Walter M. Ostrander, M. D., Danville; A. J. Clark, M. D., Scranton; J. G. Sperling, M. D., Wyoming.

The Report of the Censors was received, and the candidates were elected.

The roll was then called and the address of members corrected.

A motion was made and carried, that Section V, "Order of Business," of the By-Laws, be stricken out.

The following amendments to the By-Laws were then offered by Dr. O. B. Gause, and unanimously adopted, viz:—

"Section V.—The annual election of officers for the ensuing year shall take place during the last meeting of the session.

"Section VI.—The annual order of business shall be arranged by the Recording and Corresponding Secretaries."

The Reports of the Committees on Surgery were then called for.

On motion, the delegates from other Medical Societies, and

other homœopathic physicians present, were invited to a seat in the Society, and to take part in the proceedings of the session.

The Report on the "Resumé of Improvements During the Year," by Chas. H. Von Tagen, M. D., of Harrisburg, was read by the Corresponding Secretary.

The report was received and referred to Committees of Publication.

The Report on "Conservative Surgery," by L. H. Willard, M. D., of Allegheny City, was also read.

The report was received and referred.

Dr. J. C. BURGHER, of Pittsburgh, made a verbal report of a case of stone in the bladder, in which he performed the operation of lithotomy by lateral perineal section, successfully, on a boy eighteen years of age. He exhibited the specimen of calculus removed, to the Society. Before operating, he gave staphysagria for a few days, and followed that remedy with sarsaparilla. He used the bistoury instead of the gorget it being the most manageable instrument for this operation. The bladder was thoroughly washed out after the operation, and several pieces of calculi thus removed.

He was, by a vote, invited to commit his report to writing, and hand it to the Committee of Publication.

A paper from Professor Malcolm Macfarlan, of Philadelphia, on cases from surgical practice, [one of strangulated femoral hernia, resulting in artificial anus, and the other a laceration of the perineum,] in both of which the operation was successful, was read and referred to Committee of Publication.

Dr. W. JAMES BLAKELY, of St. Mary's, read a report of a very interesting case of caries of the joints of a lower extremity, upon which he operated by the flap operation, in the middle third of the femur, with a successful result.

He exhibited the bones of the limb removed, which showed a very remarkable and extensive caries of the whole bony structure.

On motion, the Society adjourned until three o'clock.

AFTERNOON SESSION.

The Society assembled at three o'clock, Dr. Williamson in the chair.

A series of interesting surgical cases occurring in the practice of Jas. H. McClelland, M. D., of Pittsburgh, were read, accepted, and referred to Committee of Publication.

The Chairman then announced that discussions on the subjects embraced in the reports of the Committees on Surgery, would be in order.

Dr. RICHARD KOCH said he thought we should not lightly pass over the first report submitted, the "Resumé of Improvements During the Year," and have it published without some words of condemnation. He did not think the practice of hypodermic injection should be countenanced by homœopathic physicians. It was certainly not homœopathic practice to give drugs in this way, in massive doses, and should not be held up as an improvement for homœopathists, since Hahnemann many years ago, showed a better method of medication. He did not believe at all, that the bad after effects of morphia were avoided by using it in this way. In fact he knew it to be not true; nor should morphia or atropia be given in this way, even when it might be claimed that they were homœopathic; because when these drugs are taken into the stomach—as in proving—they are chemically changed by the secretions of the stomach, &c.; and hence, when these same drugs are introduced beneath the cutis, they are not the same drugs exactly, and would not produce exactly the same symptoms as when taken by the stomach. He said that the writer of the paper is a friend of his, but he felt it to be his duty to call the attention of the Society to the impolicy of publishing as improvements for the consideration of homœopathists, such matters as these.

Dr. WILLIAMSON said he did not approve of the resort to such means, and was glad the subject had been broached. If the paper is published, he thought the standing resolution of the Society, that it did not necessarily endorse any of its publications, should be printed in connection with it.

Dr. W. J. BLAKELY. The question is, should we, as a ho-

mœopathic medical society, publish articles which are non-homœopathic, and of which we cannot approve, even if we do disavow all responsibility in regard of their contents.

Dr. C. A. STEVENS thought that such papers should not be published with our Transactions, or if they are, the profession should be given to understand plainly that we do not endorse or approve them.

Dr. WILLIAMSON thought the Publication Committee would exercise its usual discretion in the matter.

The following resolution was proposed by Dr. Clark, and seconded by Dr. Koch:—

"*Resolved*, That this Society does not recognize as sound homœopathic practice, the hypodermic injection of drugs."

Dr. O. B. GAUSE said that Dr. Von Tagen's paper was merely a resumé of improvements in surgery during the year, and he no doubt felt called on to report everything new. He was not appointed to write a paper on Homœopathic Surgery. We should not be hasty to condemn anything, or refuse to inquire into it, merely because it is not what we think strictly homœopathic. The Society does not necessarily endorse any papers published by it, and that seems to cover the ground.

Dr. Gause was informed by several members that the report endorsed the practice, and recommended it to the members of the Society.

Dr. KOCH said that Dr Gause was not appointed to write on Homœopathic Obstetrics, nor was Dr. Raue to write on Homœopathic Therapeutic Hints, and yet what would we think if Dr. Raue were to come in here and give us Dr. Geo. B. Wood's ideas of Therapeutic Hints.

Dr. STEVENS thought that the report, as a resumé of improvements during the year, was incomplete. Some things were in which should be omitted, and some things were omitted which should be in. He expected to have heard something concerning the use of dry earth as a dressing.

Dr. MCCLATCHEY thought the Society should act advisedly in this matter, and that its action should be decided and final. The publication of this paper, to which there seems to be such serious objection, should not be left to the discretion of the

Committee of Publication, nor should the responsibility of its rejection be left to that Committee to assume. As for hypodermic injections themselves, he did not consider them as either homœopathic or valuable, and the subject is certainly not new. It has been discussed and re-discussed in every allopathic medical society in the world, and had been shelved three years ago in the Massachusetts Homœopathic Medical Society.

Dr. BUSHROD W. JAMES mentioned that a very important and valuable new mode of surgical procedure, had been omitted; that is the removal of pedunculated and other tumors around which a wire can be placed, by means of galvano-caustic. A fine platinum wire is applied to the growth and then heated by a strong current of electricity, when traction is made so as to cut through and remove the part, cauterizing the tissues and preventing hemorrhage, and at the same time causing little or no pain.

He did not consider the carbolic acid treatment of wounds, or hypodermic injection, as improvements that had come up in surgery during the past year, and he doubted whether the paper had touched at all upon the real subject expressed by the title. He did not think we should entirely exclude the hypodermic mode or any other channel of getting medicine into the system, but if this is required to be used as a last or necessary resort, it is important that we do not use the remedies that Homœopathy forbids.

Dr. Clark's resolution was then withdrawn, and on motion of Dr. Stevens, the vote referring the paper to the Committee of Publication was re-considered.

.The paper was then, on motion of Dr. Blakely, laid on the table.

It was moved and carried that a special committee be appointed to report on the utility of hypodermic injections, at the next meeting of the Society.

The President appointed Dr. W. James Blakely said committee.

Dr. GAUSE said that in regard to the subject of medical treatment of tumors, as mentioned by Dr. Willard in his report on Conservative Surgery, he desired to report a case. He had now under treatment a case of tumor of the mammæ of a young lady.

In the right breast the tumor was quite large, while in the left there was an indurated lump of about the size of a pigeon's egg. The case had been in the hands of an allopathist, who had applied iodine ineffectually, together with other treatment. He (Dr. G.) had prescribed for her but twice, and the tumor in the left breast had entirely disappeared, while that in the right had considerably diminished in size. He had given her *conium maculatum.*

Dr. J. S. PFOUTS reported that he had a case of movable tumor in the right breast, which he wished some of the members to see.

Dr. RICHARD KOCH said that at the Hahnemann Dispensary, under his care, an ovarian tumor, or perhaps more correctly, an ovarian enlargement of about the size of an infant's head, had been very greatly reduced under the action of *Sabina* 30th.

Dr. WILLIAMSON stated that he had had such tumors disappear under the action of *silicia* and *aurum.*

Dr. W. JAS. BLAKELY spoke of neuralgia of the spermatic cord. He instanced a case of long standing where the patient suffered from the most excruciating attacks three or four times every year. The pains were as if the testicles were seized by a hand and pulled very severely. He mentioned the case to Dr. C. A. Stevens, while returning from the last meeting of the State Society. Dr. S. recommended *oleum animale*, and subsequently sent him the 18th potency of that remedy. An attack shortly afterwards came on, when he gave the medicine recommended. The result was almost instantaneous relief, and the pain has not recurred since.

The reports of the Committees on Materia Medica were next in order.

The report of the Committee on "New Remedies," by Walter Williamson, M. D., of Philadelphia, was then read.

The report was accepted and referred.

The reports of the Committees on Provings were then submitted.

The report of the Committee on "Partially Proved Remedies," by Dr. W. Jas. Blakely, of St. Mary's, was read.

The report was accepted and referred.

A letter was received from Dr. D. Cowley of Pittsburgh, Committee to report on "Re-proved Remedies," announcing his inability to prepare a report.

Dr. Williamson presented and read an interesting paper prepared by John G. Houard, M. D., of Philadelphia, on the indications and use of Mygale Lasiodora Cubana, accompanied with a drawing of the spider, of the natural size.

On motion, the paper was received and referred to the Editor of the *Hahnemannian Monthly*, with the request that it be published.

The reports of the Committees on Obstetrics were then taken up.

The report of the Committee on "Improvements during the year," by O. B. Gause, M. D., of Philadelphia, was then submitted, Dr. G. exhibiting a number of instruments recently introduced and treated of in his paper.

The report was accepted and referred.

Dr. Mandeville, delegate from New Jersey State Medical Society, was then introduced, and invited to a seat during the session.

The Society then adjourned to meet in the Court Room, at 8 o'clock, to listen to the Annual Address by J. C. Burgher, M.D.

EVENING SESSION.

The Society assembled at 8 o'clock, in the spacious Court Room. A number of the citizens of Wilkesbarre were present by invitation.

The meeting was called to order by the President, who introduced the orator of the evening, Dr. John C. Burgher, of Pittsburgh, who proceeded, in an able and eloquent manner, to address the assemblage.

A vote of thanks was extended Dr. Burgher for his address, and a copy solicited for reference to the Publication Committee.

The Society then adjourned to the "Arbitration Room" where a business session was held.

The report of the Cumberland Valley Homœopathic Medical Society was read, accepted, and referred.

On motion a committee of one was appointed to prepare

obituary notices of Drs. J. E. Barnaby and James A. Herron, deceased members. Dr. J. C. Burgher was appointed said Committee.

The report of the Committee on "Abortion, Spontaneous and Criminal," by Henry N. Guernsey, M. D., of Philadelphia, was read, accepted and referred to the Committee of Publication.

The Committee on Finance reported through the Chairman, Dr. Blakely, that they did not consider it to be advisable to increase the dues at this time, but would suggest that the annual fee remain as at present, two dollars, and that members have the privilege of paying one dollar additional towards defraying the expenses of the Society. They also submitted the following resolution:—

"*Resolved*, That the Recording Secretary be instructed to once more notify delinquent members of their duties to the Society, and that the name of each member failing to respond within three months, be stricken from the roll."

On motion, the report was received.

The resolution offered was then unanimously adopted.

Dr. R. KOCH offered the following addition to the By-Laws:

"The name of all active members of the Society remaining in arrears three months after any annual meeting, shall be stricken from the roll, and this provision of the By-Laws shall be appended by the Recording Secretary to all bills." Adopted.

The Society then adjourned to meet on Wednesday morning, at eight o'clock.

WEDNESDAY'S SESSION.

The Society assembled pursuant to adjournment, Dr. Williamson presiding.

The reading of Reports of Committees on scientific subjects was proceeded with.

The Report of the Committee on "New Diseases," by Chas. E. Toothaker, M. D., of Philadelphia, was read, accepted, and referred to the Committee of Publication.

The Report of the Committee on "Skin Diseases," by Richard Koch, M. D., of Philadelphia, was read, accepted, and referred.

The Report of the Committee on "Local Applications in Disease," by M. M. Walker, M. D., of Germantown, was read, accepted, and referred.

The Report of the Committee on "General Anatomy," by Robert J. McClatchey, M. D., of Philadelphia, was read, accepted, and referred.

The Report of the Committe on "Microscopy of Animal Tissues," by John E. James, M. D., of Philadelphia, was read, accepted, and referred.

A letter was read from Dr. J. H. McClelland, M. D., of Pittsburgh, stating that he had not had time to prepare his Report on Pathological Anatomy, but would do so, if it were the pleasure of the Society, and forward to the Committee of Publication.

On motion the communication of Dr. McClelland was received, and the Publication Committee was authorized to receive his paper if forwarded in time for publication with proceedings.

The Report of the Committee on the "Physiology of Vital Organs," by W. T. Urie, M. D., of Chestertown, Maryland, was read, accepted, and referred.

Dr. WILTBANK, Committee on Baths, thanked the Society for the honor conferred upon him, regretting that he had no written report to offer. The subject of hot and cold baths had been so frequently discussed, he supposed the Society was well versed in their deleterious and advantageous qualities, and therefore considered it useless to make a report in regard to them. But if agreeable to the Society he would give them the modus operandi of the Turkish Bath.

He then went on to say that the Baths he visited were located at 1109 Girard Street, in the City of Philadelphia, under the direction of Dr. Robert Wilson, to whom he was indebted for information.

Ancient and modern history informs us of the existence of these baths for thousands of years. Greece and Rome in their ancient greatness, and especially the latter, had numerous Turkish Baths or Thermæ fitted up in the most elegant style. When the conquering Romans took possession of one country after another, they established their baths or Thermæ. Ruins of these institutions are still to be found in England, Scotland and

Wales, countries they held for nearly four hundred years. While in possession of Turkey, the Turks acquainted themselves with the Romish manner of bathing, and it is to the worshipers of Mohammed that we must accredit the honor of accepting and retaining the system of bathing indulged in by the greatest orators, statesmen, and warriors of ancient Greece and Rome.

The Turks have made the Bath a part of their religion, and their sultans and princes have endowed these bathing institutions in honor of their names.

The Turkish Bath in its modern form has been introduced into Great Britain but a short time, and yet it is claimed that there are already some two thousand baths in successful operation there. They are now being introduced into the principal cities of the United States: New York, Brooklyn, Boston, Providence, Chicago, and last, but not least, the city of Philadelphia, can boast of more than one Thermæ. For nearly four years these baths have been considered by numbers of our citizens, but whether from the lack of enterprise, so proverbial in the city of Penn, or want of confidence in the projectors, I am neither able nor am I desirous of saying, these baths have only been commenced recently.

I now propose to give you the modus operandi of the bath, the description of which is from practical experience.

Having entered a reception room, tastefully fitted up in the Turkish style, you register your name, depositing any article of value with a clerk, who places them in a burglar-proof safe. Then you are ushered into the dressing room, where, being divested of your habiliments, you envelope yourself in a wrapper provided for your use, and enter what is called the warm room. After wetting the head with cold water, you place yourself in an easy chair covered with clean linen, where you passively recline; an attendant near by administers to any desire you may express. The temperature of this room if from 125 to 130 degrees Fahr. The time necessary to remain here is from seven to ten minutes, depending entirely, I suppose, on the condition of the bather. By this time what they call gentle prespiration, but I should use a stronger term, has becom-

general over the body. You are now in a condition, if found desirable, to be removed to a temperature of 140 to 150 degrees Fahr., (the place, I am told, old bathers immediately secure, if possible, on entering the bath.) In this room you remain from five to ten minutes. By this time you are perspiring freely, the skin is soft and moist, and you are now prepared for leaving the Caladereum and pass into the shampooing room. Here you find a marble couch, and reclining thereon, the shampooers (two Irish-Turks), with their hands, manipulate the whole muscular system. The shampooers with perfumed soap follow. This is the most soothing and delightful part of the bath, after what you have experienced previously. It caused me to think of what Bayard Taylor has written: "Thus we lie in perfect repose till mind and body are drowned in delicious rest, and we no longer remember what we are, gently sleep lies on our senses." After the shampooing, there is a fine spray of warm water thrown over the body, gradually cooling off, thus avoiding all extremes or shocks; and should the patient think it prudent, the shower and plunge bath may be indulged in. I would here say that the shock is severe, and not to be recommended. The process here completed, you are rubbed dry, and enveloped in a linen sheet, and pass into the cooling room where an easy chair or lounge is provided for you. The attendants dry the hair thoroughly. You are then helped to a cup of strong coffee which you sip at your leisure. When sufficiently cool, you dress, receive your valuables, (and the clerk his,) and go on your way rejoicing, not in the streets of Damascus nor the contracted ones of Constantinople, but into the broad, well regulated streets of the "City of Brotherly Love," feeling a cleaner, but I cannot say a healthier, stronger or happier man.

The Report of the Committee on "Practical Therapeutic Hints," by C. G. Raue, M. D., of Philadelphia, was read, accepted, and referred.

Dr. Raue's paper being the last report, a general discussion was proceeded with.

Dr. O. B. GAUSE said the subject of the Turkish Bath is an important one. We are frequently asked by our patients,

"shall I take a Turkish Bath?" The question is, shall we recommend them? If they have any therapeutic value, we should know what it is, that we may order them intelligibly. He mentioned the case of a young man in delicate health, who had been under his care, and who resorted to these baths. The patient was at first greatly pleased at the benefit he apparently derived from their use; but the good effects soon failed to be produced and he reverted to his former condition.

Dr. R. KOCH stated that he had had a patient suffering from epilepsy, and the fit came on him while in the hot room.

Dr. WILTBANK said he had heard of several cases of death while taking the bath shortly after a full meal. The proprietors recommend that the baths be used fasting or at least four hours after a meal.

Dr. W. J. BLAKELY desired more information on this subject, and suggested that a special committee be appointed to report thereon at the next meeting.

Dr. MCCLATCHEY mentioned that a full account of the "Russian Baths," nearly identical with Turkish Baths, by Dr. Madden, could be found in the *British Journal of Homœopathy* for 1867.

Dr. J. S. PFOUTS stated that he had taken a bath to test its merits. He felt greatly depressed while in the hot room; his pulse ran down rapidly and he became alarmed, but was told there was no danger, and after the bath the sensations were of a very pleasant character; he felt greatly invigorated and light as air. He regarded it more as a pleasure for those in health, than as a means of cure for the sick.

Dr. WILLIAMSON mentioned the "pine bath" as a therapeutic measure. He thought these baths belonged to nations steeped in effeminancy and luxuriousness, and better suited to people of that character than to the active and energetic people of this country. He doubted their utility in a medical point of view, and thought that we should not go back to, or endeavor to imitate the weakness of, eastern nations.

Dr. A. J. CLARK knew of but a single case relieved by the baths; that was one of chronic rheumatism.

Dr. O. B. GAUSE. In regard to the question of Obstetrics,

he desired to have some discussion by the members on the following question. Is not the use of forceps frequently abused merely because extraction may be performed by their aid, whereas in many cases where they are used, skillful manipulation may be sufficient to overcome the want of natural expulsive force?

Dr. R. KOCH. We find that it frequently occurs in parturition, that the pains are apparently strong and the uterus contracts; but not with that kind of force which we might term mathematical, so as to force the head in the proper direction and to the right point. It may be that one side of the womb contracts more than the other, and in this way the pressure is uneven. Here some little assistance with the finger or the vectis often overcomes the difficulty. But this trouble may continue, and the labor gives promise of being tedious; the nervous forces of the patient are debilitated and she becomes nervously excitable, which adds to the difficulty. Many women thus situated are really not able to bear the pangs and sufferings of child-birth as others are, and here speedy relief is very desirable, and the forceps properly applied and used are of very great value. Dr. K. thought the danger in applying the forceps depended almost entirely on the capability of the individual who applied them, and thought it of very great importance that their use should be properly taught to students and demonstrated on proper manikins and by other means. He had never seen any ill effects from the application of forceps in judicious hands.

Dr. C. E. TOOTHAKER had been led to doubt whether we should not await the action of nature; and to his mind it seemed unphilosophical to interfere with the natural functions of the mother. As far as his own experience had gone, he thought that he had found that when delivery had been hastened by any means, injurious rather than beneficial results to the mother, if not to the child as well, had followed. He recollected many cases where he was decidedly of the opinion that benefit had been derived from awaiting the natural efforts of the uterus.

Dr. R. KOCH did not mean to convey the idea that we should

interfere with natural labor; but ever since Adam and Eve lived together we have had unnatural labor. So long as natural labor pains are occurring, the woman will stand it; but it sometimes occurs that the woman's life is sacrificed, when five minutes use of the forceps would have saved it.

Dr. W. J. BLAKELY was satisfied that injurious results had followed delay in use of the forceps. All judicious physicians should know when to apply and when to not apply them. He was sure, however, that as he gained experience in obstetric art, there were many cases in which he would formerly have applied the forceps, that he now left to the natural efforts of the womb, and with favorable results. He remembered having once read some remarks made by Dr. Lord, who stated that he had had 1700 cases of labor, and had never used the forceps. He could not understand how the doctor had got along without them. Children are not always delivered with case by the forceps. He had had a case in which he and another physician after repeated trials singly had failed, had been obliged to exert their combined strength to effect extraction. He had no doubt but that there were many cases in which gentle manipulation would do better than the forceps. Changing the position of the woman will frequently cause rapid expulsion of the child in cases in which there is a strong temptation to apply the instruments. He related a case in which, during tedious labor, he had the woman turned to her left side, and she was delivered in fifteen minutes afterwards.

Dr. J. C. BURGHER said the application of the forceps required knowledge and judgment, and these are required also to know when to apply them. It is injudicious to use them in every case where there is delay. He had never, in any case, lost the mother, and in very few the child; and he had not resorted to instruments oftener than once in about fifty cases. He knew of a case in which the forceps had been continuously applied for three hours. He had never used them longer than half an hour, and often delivery was effected in two or three minutes. The conditions laid down in our standard works well indicate when forceps should and should not be applied.

Dr. GAUSE. I perceive that my object has failed of being accomplished, which was to lead the discussion into a direction as to the comparative value of the forceps and vectis where the expulsive force is insufficient, the parts of the mother are natural, and the position of the child is not unnatural The direction the child takes in the process of parturition should be a subject for the closest study. If the direction is ever so slight from what is natural there may be delay in the birth. In such cases the question is, are we to wait or use instruments, and, if we use instruments, is it best to use the forceps or the vectis. It frequently happens that a change in the position of a parturient woman hastens the completion of labor. I know of a case of tedious labor, in which the physician was going for forceps, and on leaving the room the patient turned to the opposite side, and the child was born before the doctor had left the house.

Dr. C. A. STEVENS said that he did not use the forceps often. He thought more of the use of the finger in changing the position of the child, and more of changing the position of the woman. He had had at least one thousand cases of labor, and believed he had not used the forceps above six times. He considered that much trouble arose, in obstetric practice, from physicians not understanding and not properly appreciating manipulation.

Dr. C. E. TOOTHAKER advocated the use of forceps where they are indispensable, but deprecated the tendency on the part of many physicians to resort to instruments unnecessarily. He thought the previous preparation of the enciente female equally important with manipulation during labor. He believed that in cases where there might have been difficulties and dangers during labor, these had been prevented by proper treatment months before labor set in. The nature of this previous preparation is dependent on the condition manifested by the woman. Her whole health, and particularly as relating to the uterine functions, is to be considered, and every abnormality properly met.

DR. WILLIAMSON. In considering this subject, let us see what the experience of others has been. Mad. Lachapelle had upwards of 14,000 cases; Mad. Boivin about the same number; Dr. Dewees, the prince of accoucheurs, about 10,000. From

these we learn that the average number of forceps cases is about 1 to 250. It has been my lot to be called to apply forceps more frequently than that, but not in my own practice. It was natural that I should be consulted in difficult cases while I was a teacher of obstetrics. Besides, when I came to Philadelphia, there were nine or ten homœopathic physicians there, none of whom paid much attention to midwifery, and they were very glad to have one of their own school who did so, and in that way I got many cases.

There is system in the business of life, and births and deaths occur with very regular gradation, and this may be carried into midwifery. The average duration of labor—excepting primiparæ—is about four hours; and the average number of pains to a labor is about fifty. These are guide marks, not for every case, but for all cases. Some physicians think that if a labor has lasted six or eight hours, it is tedious, and they then want to apply the forceps, when, perhaps the os is not dilated to the diameter of a silver half-dollar. I have witnessed labors where forceps should be applied very early, and others, where the labor having lasted three days these instruments were inadmissable. It is easier to define when forceps should not be applied than when they should be.

I am of the opinion that there is a tendency to a too frequent application of the forceps, on the part of physicians. The doctor is bound to do the best for his patient; to save suffering as much as possible; but above all to look to the safety of the mother and of the child; and the question is, does he who sits quietly at the bed-side, or in another room, fulfill this sacred obligation? I believe that I have often saved two or three hours of suffering, in cases that would have been tedious, by proper manipulation. The great point in labor is to have the head follow naturally the curve of the pelvis. One great aid in attaining this is in having the woman properly placed and her body properly flexed. I have been called to many cases of tedious labor where the child has been born ten or fifteen minutes after the woman had been placed in a correct position; and again, on the other hand, I have known cases of labor ar-

rested and retarded by the wilfulness of patients who persisted in occupying an unfavorable position.

In regard to the vectis—which I have frequently used in former years—I am free to say that the best vectis I have is my forefinger. With it I operate, not on the head of the child alone, but on the soft parts of the mother; which the vectis cannot do. I place my forefinger under the *os uteri* at the beginning of a pain, and press gently but firmly against the part., When the resistance is decided, withdraw, and repeat the manœuvre again and again. By this process you press the *os* away from the head of the child and facilitate the birth. The women feel that they are being "helped," and they tell you so.

Dr. SPERLING gave an account of the practice resorted to in the hospital at Breslau in obstetric cases.

Dr. A. J. CLARK regards one of the modern features in obstetric practice as a great improvement, viz: the doing away with the application of a bandage to the mother after labor. The best old-school physicians of New York City have long ceased to use it, and according to his own experience, he believed there would be fewer cases of prolapsus if physicians ceased to confine the abdominal muscles, which has a tendency to destroy their tone and weaken them.

Dr. R. KOCH. This practice is done away with by many physicians in Philadelphia. For himself, he sometimes used it and sometimes did not.

Dr. CLARK. Those who have used it and do without it after one labor will not have it applied again.

Dr. Blakely offered the following preamble and resolution, viz:—

"*Whereas*, Various circumstances have heretofore weakened the confidence of the profession in our colleges in Philadelphia, therefore,

"*Resolved*, That this Society views with peculiar satisfaction the settlement of all difficulties by the consolidation of the Homœopathic Medical College of Pennsylvania and the Hahnemann Medical College of Philadelphia, and recommends to the confidence and support of the profession the consolidated institution."

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Dr. Blakely supported these by some appropriate remarks, and they were unanimously adopted.

The following resolution was offered by Dr. Bushrod W. James, and unanimously adopted:

"*Resolved*, That the State Medical Society respectfully requests our State Legislature to enact a law making criminal abortion tantamount to infanticide, and punishable by a similar penalty."

Dr. O. B. GAUSE. Should we have a man in our Society as a member, who has a general reputation as an abortionist?

Dr. BLAKELY. By the resolution just passed we certainly regard abortion as murder, and we should not associate with a murderer.

It was moved and carried unanimously that the editor of the *Hahnemannian Monthly* be, and is hereby, authorized to publish the proceedings of this body, and such of its papers as he may select, in that journal, prior to the issuance of the volume of transactions.

The bill presented by the janitor of the hall for services and attendance (ten dollars) was ordered to be paid.

At the suggestion of the Finance Committee it was moved and carried unanimously that, in order to relieve the Committee of Publication from present embarrasment, the members present each advance five dollars in addition to their annual fee, to be credited to each member so paying as dues paid in advance.

The following resolution was offered and unanimously adopted, viz:—

"*Resolved*, That the Recording Secretary be instructed to again notify delinquent members of their duties to this Society, and to strike from the roll the name of each member failing to respond within three months after such notification.

The *Code of Ethics* adopted by the American Institute of Homœopathy, at its twenty-first session, was unanimously adopted as the *Code of Ethics of the Homœopathic Medical Society of Pennsylvania.*

The Auditors reported that they had examined the accounts and vouchers of the Treasurer and found them correct. The report was accepted and the Auditors discharged.

It was moved and carried that the next meeting of this Society be held in the city of Erie, on the second Tuesday in September, 1870.

The following gentlemen were appointed delegates to the *American Institute of Homœopathy*, Drs. J. C. Burgher, W. Williamson, W. Jas. Blakely, Chas. A. Stevens, Marcellin Coté, Bushrod W. James, C. J. Wiltbank, Jas. B. Wood.

The appointment of Scientific Committees and Delegates to other societies was left to the President and Recording Secretary, as heretofore.

Dr. R. J. McClatchey, of Philadelphia, was appointed Orator.

Dr. A. J. Clark, of Scranton, Alternate.

The Recording and Corresponding Secretaries were appointed the Committee of Publication.

A vote of thanks was tendered the Recording and Corresponding Secretaries for services rendered.

A vote of thanks was tendered the County Commissioners of Luzerne County, for the use of the Court House.

In accordance with a resolution adopted at the commencement of the session, the Society then proceeded to elect officers for the ensuing year.

Drs. Toothaker and Rousseau were appointed Tellers.

The election resulted as follows:

President, ...	Dr. O. B. Gause.
1*st Vice-President*, . . .	Dr. Chas. A. Stevens.
2*d Vice-President*, . . .	Dr. Jas. H. McClelland.
Recording Secretary, . .	Dr. Bushrod W. James.
Corresponding Secretary, .	Dr. Robt. J. McClatchey.
Treasurer, ...	Dr. W. Jas. Blakely.
Censors, ...	Drs. J. H. Marsden.
	R. Faulkner.
	C. J. Wiltbank.

Drs. Blakely, Faulkner, Logee, Chandler, and the Secretaries, were appointed a Committee of Arrangements for the next meeting.

On motion, the reading of the minutes of the session was dispensed with.

The Society then adjourned.

BUSHROD W. JAMES, M. D., *Recording Secretary.*

ROBT. J. MCCLATCHEY, M. D., *Corresponding Secretary.*

The following appointments of Committees and Delegates were made by the President and Recording Secretary, in accordance with the instructions of the Society:

COMMITTEES ON SCIENTIFIC SUBJECTS.

SURGERY.—L. H. Willard, M. D., *Surgical Therapeutics.*
Comly J. Wiltbank, M. D., *New Surgical Instruments and appliances brought out since last meeting.*
Malcolm Macfarlan, M. D., *New Operative Proceedings during the year.*
C. H. Von Tagen, M. D., *Orthopedic Surgery.*
Bushrod W. James, M. D., *Surgery of the Eye and Ear.*

HYPODERMIC INJECTIONS.—W. James Blakely, M. D.

CHEMISTRY.—Pemberton Dudley, M. D., *Recent Discoveries in Medical Chemistry.*

PROVINGS.—Henry Noah Martin, M. D., *New Provings made since last report, and their characteristics.*

MAT. MED.—H. N. Guernsey, M. D., *The Homœopathic Materia Medica.*
W. Beesly Davis, M. D., *Apis Mellifica.*

OBSTETRICS, &C.—J. C. Burgher, M. D., *Metrorrhagia, its Medical and Surgical Treatment.*
George W. Malin, M. D., *Uterine Displacements and Treatment.*
J. J. Detwiler, M. D., *Uterine Surgery.*
Joseph E. Jones, M. D., *Disease of Pregnancy, and Treatment.*
G. E. Sperling, M. D., *Management of Infants Deprived of Maternal Milk.*

CHOLERA INFANTUM AND MARASMUS.—C. J. Carmany, M. D.

BATHS.—W. Williamson, M. D.

PRACTICE.—M. Coté, M. D., *The Metastasis of Disease.*
Henry C. Wood, M. D., *Parasitic Diseases.*
Smith Armor, M. D., *Diathesis.*

PRACTICE.—C. G. Raue, M. D., *Morbus Addissonii.*
J. H. P. Frost, M. D., *Progressive Locomotor Ataxy.*
L. M. Rousseau, M. D., *Diabetes.*

PHYSIOLOGY.—Richard Koch, M. D., *Recent Developments in Physiology.*

PATHOLOGY.—Silas S. Brooks, M. D., *The Value of Pathology to Homœopathic Practice.*

ELECTRICAL AND LOCAL INFLUENCES UPON THE HUMAN SYSTEM.—Jacob Jeanes, M. D.

THE MICROSCOPE AS A MEANS OF MEDICAL DIAGNOSIS.—John E. James, M. D.

MINERAL SPRING WATERS AS THERAPEUTIC AGENTS.—J. C. Morgan, M. D.

THE VALUE OF SEA AND MOUNTAIN AIR AND THE SPECIAL INDICATIONS FOR EACH IN DISEASE.—J. K. Lee, M. D.

DELEGATES TO MEDICAL SOCIETIES.

American Institute of Homœopathy.—J. C. Burgher, M. D., W. Williamson, M. D., W. James Blakely, M. D., C. A. Stevens, M. D., M. Coté, M. D., B. W. James, M. D., C. J. Wiltbank, M. D., J. B. Wood, M. D.

Canadian Institute of Homœopathy.—C. M. Dake, M. D., G. E. Chandler, M. D., A. H. Clayton, M. D., J. S. Pfouts, M. D.

Michigan Institute of Homœopathy.—W. H. H. Neville, M. D., M. Friese, M. D.

New York State Medical Society.—Hon. J. R. Reading, M. D., C. Preston, M. D.

New Jersey State Society.—J. H. P. Frost, M. D., M. Preston, M. D.

Massachusetts State Society.—Henry Detwiler, M. D., George Howell Cox, M. D.

Maine State Society.—H. N. Martin, M. D., E. W. Garbereich, M. D.

Vermont State Society.—John Malin, M. D., I. D. Johnson, M. D.

New Hampshire State Society.—Richard Gardiner, M. D., John E. James, M. D.

Connecticut State Society.—W. M. Ostrander, M. D., A. H. Ashton, M. D.

Ohio State Society.—Wm. H. Cook, M. D., Geo. S. Foster, M. D.

Indiana State Society.—David Cowley, M. D., Charles Fager, M. D.

Illinois State Society.—H. H. Hofmann, M. D., H. M. Logec, M. D.

Wisconsin State Society.—P. D. Liscomb, M. D., S. T. Charlton, M. D.

Kansas State Society.—O. S. Wood, M. D., C. P. Scip, M. D.

OTHER APPOINTMENTS.

ORATOR.—Robt. J. McClatchey, M. D.

ALTERNATE.—A. J. Clark, M. D.

Committee of Publication.—Bushrod W. James, M. D., Robt. J. McClatchey, M. D.

Committee of Arrangements.—W. J. Blakely, M. D., R. Faulkner, M. D., G. M. Chandler, M. D., H. M. Logee, M. D., B. W. James, M. D., R. J. McClatchey, M. D.

Committee on Charter.—R. J. McClatchey, M. D., R. Ross Roberts, M. D., J. K. Lee, M. D., J. C. Burgher, M. D., B. W. James, M. D.

Committee on Reports.—James B. Wood, M. D., R. C. Smedly, M. D., J. F. Cooper, M. D.

Committee on Obituary Notices.—J. C. Burgher, M. D.

I.

ANNUAL ADDRESS.

BY J. C. BURGHER, M.D., OF PITTSBURGH.

Mr. President, Ladies and Gentlemen:—I appear before you this evening in compliance with an established custom of this Society, by which it is made the duty of one of its members to deliver a public address during each annual session. At the last annual meeting advantage was taken of my absence, and this duty assigned to me. I am actuated rather by a deference to the august source to which I am indebted for the honor, than by any confidence in my ability to discharge the duty acceptably to the Society or satisfactorily to myself.

Transported as if by a talismanic carpet of Oriental tale, from the busy round of professional duties in a distant portion of the State, I find myself in the beautiful and picturesque valley of the Wyoming, so sadly celebrated in history, of which, in my school-boy days, I loved to read, and where I longed to dwell. But how changed since the native Oneida chief warned the early settlers of their impending fate. The rude wigwam of the savage has given place to piles of splendid architecture—the Indian trail to a pathway for the "iron-horse"—their hunting grounds have been converted into fruitful fields and blooming gardens, their villages have been transformed into the busy marts of trade, the blaze of their council fires has been eclipsed by the more potent and useful flames of the manufactory and forge, and their war song stilled and succeeded by the hum of industry, the melody of praise, and the blessings

of peace. But your attention is invited to a few reflections on another topic.

There are no occasions of greater interest to the whole community, relating to this life only, than the annual sessions of medical societies. These gatherings are for the advancement of medical science and art, not for the exclusive benefit of the profession, but for the good of mankind at large. They are composed of scientific men from different sections of the country, who have devoted their talents and consecrated their lives to a noble and time-honored profession. The proceedings are not mere polemical disputes for *victory*, but discussions for *truth*.

Medical societies are of comparatively recent date. The oldest one in this country, of a national character, being the "American Institute of Homœopathy," now in its twenty-fourth year of existence. Why they were not formed at a much earlier date seems to us strange; for we can scarcely imagine, much less realize, the full benefits resulting from such organizations. An interchange of ideas between men has ever been esteemed valuable and conducive to the extension of knowledge. It is thus that the individual experience and observation of each one becomes the common property of all. Facts are elicited, the combination and classification of which give increased value to those already gained, besides withdrawing many more from that obscurity in which otherwise they might for untold ages slumber.

The culture of the sciences is a high test of civilization and Christian enlightenment. And if the eliciting and collecting of facts on other subjects, are at all times important, they have a ten-fold value in medical science. Man is surrounded on all sides by influences inimical to health and life: and hence it is, that next in importance to his salvation, is that knowledge which will enable him to secure "a sound mind in a sound body," during his allotted "three-score years and ten."

The prevention and cure of diseases are matters in which all are interested. Disease, in some one of the Protean forms, is our inheritance. No age, sex or condition is exempt from its relentless grasp. And, however calmly we may view, or lightly weigh the fact—it is ever before us that each individual has

but one natural life, and that life once extinct, earth's combined wisdom and power cannot recall. In an enlarged sense, human life and happiness, in our present state of existence, are committed to the care of our profession. This fact gives to medical subjects a dignity and importance rarely appreciated by those in the full enjoyment of vigorous health. What greater earthly boon can be bestowed upon frail man, than the preservation of health and the prolongation of life? The most skillful of us, with the most efficacious remedies known at our command, will not invariably succeed, for it is "appointed unto all men once to die." We all know that health is essential to happiness, but few of us, however, fully appreciate it until lost.

You are all well aware, that there is a widely spreading skepticism on medical subjects, both *in* and *out* of the profession. Other sciences have their broad foundations laid on facts, on general principles which have been demonstrated by observations and experience. Hence that unanimity of sentiment which prevails in reference to them. With regard to any science upon which there is great diversity of opinion, many hypothetical speculations, and but little positive advance towards a satisfactory solution, we are inevitably led to the conclusion that such a foundation is wanting. Facts constitute the materials of all true science. Our complex nature is subject to certain laws imposed and maintained by a wise Creator. There are laws of reproduction and growth, of decline and decay. Is it unreasonable to infer that there is a law, a *guiding principle*, in the treatment of disease? Analogy proves, and all nature in her harmonious revolutions proclaims such a law. The majestic temple of homœopathia rests upon such a principle as its therapeutic guide. No other medical edifice either has, or claims to have, any such foundation. Their unstable tenets are now, as in the mighty past, drifting on the wide and tempestuous sea of conjecture, without chart or compass.

A brief review of the history of medicine will best enable us to appreciate the importance of the discovery of the great therapeutic law, "*likes cure likes*," upon which Homœopathy is based. In this retrospective glance it is not designed to rudely cast reproach on the best endeavors of the many truly great minds

that have truly adorned the profession in past ages. We pay cheerful homage to their memories. Grateful for what they accomplished, let us also be thankful for our own increased advantages.

The science and art of medicine has been cultivated for nearly three thousand years. Its pathway is strewn with wrecks of abandoned theories and systems once favorite. In no other science has there been so much theorizing as in that of medicine. Every age exhibits a succession of attempts to found medical practice on some new theory, mechanical, chemical, physiological, pathological, transcendental.

Every great name in medical history is associated with some hypothesis. Boerhave taught that fever was caused by a bad state of the blood. Cullen, that it was an affection of the nervous system. Clutterbuck, that its cause was always to be found in the brain. Broussais, that it arose from an inflammation of the stomach. Again, others taught that its cause was a weakened action of the heart. And the theories in regard to treatment have been no less varied and absurd. At one time we find blood-letting in vogue—at another emetics and cathartics rule the hour—one author *starves* his fever patient and another forces him to *eat*—now a sedative is employed and depletion recommended—then stimulation is all the rage, and again tonics are held in high esteem. At one time *mercury* is king, at another opium sways his scepter, quinine comes into power, and cod-liver oil struggles for supremacy.

The fact is, that there are no standard authorities recognized in medicine. The theologian has his standard authors, his commentaries, his creed, and, above all, his Bible as an unerring guide to which he appeals. The lawyer has his standard works, embodying the principles of law, and they are settled authorities to which he can appeal; but in medicine there is no fixed and undisputed authority which standard works on other subjects possess. Every man, in medicine, "is a law unto himself." The complex and recondite character of the phenomena of life, has given a wide range for hypotheses and speculations in the field of medicine. Other sciences have their fixed principles and established facts upon which to rest; but from the

remote period when medicine was rocked in the cradle of its infancy, by the Egyptian priesthood, down to the time of Hahnemann all was uncertainty and conjecture. Its array had been the occult garb of speculation,—its texture varied according to the power and skill of the manufacturer, from the fine-spun gossamer-like web of Darwin to the more gross, uneven, and unwieldly fabric of Hunter. Whether we examine the writings of Celsus, or Galen, or Paracelsus, or Sydenham, or Cullen, we find little but theory upon theory—like Pelion upon Ossa—as the reward of our labor. And thus hypothesis upon hypothesis, theory upon theory has accumulated, upon which system after system has arisen, flourished, fallen, and given place to others, in rapid and melancholy succession; leaving the disjointed materials in chaos, to be followed by other systems and more hypotheses. Medicine has been cultivated as a science and practiced as an art for more than twenty-two centuries. And yet, through this long lapse of ages, has the medical Ahasuerus wandered from one theory to another in search of a reliable therapeutic guide, and although our libraries are filled with the records of the grand and majestic achievements of the past, from the sage of Cos to the sage of Coethen, from Hippocrates to Hahnemann, we search in vain for a general law of cure. Near the close of the last century, amid the wreck of time-honored systems—this chaos of conflicting theories—Hahnemann appeared upon the ruins, and from the debris of accumulated ages, established a method of cure, founded upon an immutable law of nature. A law coeval with man and coextensive with the diseases that beset his path. This method he called Homœopathy, and this law he expressed by the formula, "Similia Similibus Curantur." (Likes cure their likes.)

I must ask the indulgence of the professional part of my audience for a brief allusion to the history of this *new* method, in order that others who have honored the Society with their presence, may better appreciate the facts which led to the discovery, and the principles applied to its elucidation. Some seventy-nine years ago Dr. Samuel Hahnemann, while translating Cullen's Materia Medica into German, was led into cer-

tain speculations as to the *modus medendi* of Peruvian bark, in intermittent fever. Then, as now, medical men were generally content to regard this bark as a drug having specific powers for the cure of particular forms or types of fever. Hahnemann, however, was not satisfied, but sought for the secret of that specific power. About the same time an instance came under his observation in which Peruvian bark produced an intermittent fever, similar to that produced by marsh miasm, which the bark was known to cure. On examining the records of poisoning by accident or design, he found several other drugs which produced conditions similar to those which they cured. Pursuing his investigations still further, many similar coincidences, from the medical experience of the world, were added to the list. His further investigations made known the fact, that from the time of Hippocrates, who introduced a crude similia as a minor canon in his code of healing, certain foreshadowings of the law of similars had been observed by other medical philosophers. It was hinted by Paracelsus, declared by Bouldec with respect to the power of "purgatives to cure diarrhœa," by Detharding, with respect to the "colic-relieving power of the colic-producing senna," by Van Storck, with respect to the virtues of the "mania-producing stramonium in mental disorders," by the great Danish physician and chemist, Stahl, with respect to all remedies—if we may judge by the following quotation from his writings, namely, "The rule generally acted on in medicine, to treat by means of oppositely acting remedies (*contraria contrariis*) is quite false, and the reverse of what ought to be. I am, on the contrary, convinced that diseases will yield to, and be cured by, remedies that produce a similar affection." I might add Bertholon, Thoury, Albertus and many other authors, did time allow, who speculated in the same direction, before Hahnemann's time. In prosecuting his search still further, Hahnemann was led to try the effects of Peruvian bark on his own person—being at the time in good health. The trial, he informs us, was made with the usual doses of the bark, at that time prescribed, and repeated until a group of symptoms were established which bore a striking resemblance to those for which it was known to be

remedial. We learn from his writings, that just before he commenced these experiments upon himself, he had treated several cases of tertian and quotidian fever. The indications and conditions would, therefore, be fresh in his memory. This was an actual experiment with a tangible result. Physicians have the reputation of experimenting on their patients; but Hahnemann was the first to experiment on himself. He now entered more earnestly upon his laborious investigations. With this master-key to the discovery of the properties of drugs and their analogous disease-symptoms, he continued to experiment upon himself and other intelligent persons in good health, whom he induced to join in the more thorough work of drug proving. Twenty-one persons are named as having joined him in the proving of Peruvian bark. With the most untiring industry, he and his co-laborers devoted twenty years to the proving of various drugs then in use, and established their curative effects on the sick by actual trials, before he proclaimed to the world the great therapeutic law "*Similia Similibus Curantur.*" There can be no reasonable doubt, that but for the original idea of ascertaining the physiological effects of medicines on the healthy body, the homœopathic law, even in the time of Hahnemann, and in his own hands, would have remained a dead *formula*, as it did in those of Stahl and others, who admitted its truth but knew not the key to its application. How else could the law have been made available in practice? By what other method can we obtain reliable knowledge of the specific relation which the remedial agent sustains to the diseased organism? No important advances have ever been made in the Materia Medica in any other way, except the few which have been stumbled upon. Ether has been known to the profession for at least three hundred years, and yet its most important property (anæsthesia) was unknown twenty-five years ago. The indefinite knowledge, or want of knowledge in regard to the Materia Medica and therapeutics, has been the bane of medical science.

The distinguishing characteristics between Homœopathy and other modes of practice are, the Materia Medica and therapeutics. The Materia Medica is that department which treats of the materials or drugs employed, and comprises a knowledge

of their natural history and curative properties; while therapeutics comprises a knowledge of their use or application in the treatment of disease. The relation between these are that of cause and effect. The collateral branches of medicine, such as anatomy, physiology, chemistry, pathology, &c., have at least kept pace with other departments of knowledge; while the triumphs of surgery are alike wonderful and gratifying. These constitute the Ajax Telemon of the allopathic school,—but are as well understood, are as highly appreciated, and belong as much to homœopathists, as they do to the advocates of any other method of treatment.

You will bear in mind that the great problem which Hahnemann solved was, that the symptoms which a drug can cause are similar to those which it can cure. This he determined by two series of experiments. By long continued trials of a single drug at a time, taken for the purpose by himself and others while in health, and carefully recording the symptoms which each drug so taken produced, he ascertained the precise deviations from health which many drugs would cause. Thus he discovered the disease-producing power, by actual experiment, without even the shadow of a theory. This was his first series of experiments. Time will not permit a full description of the precautions used to insure accuracy in the proving of drugs, nor to recount the immense time and vast labors bestowed in different countries, on these experiments. The results obtained fill many large volumes.

Hahnemann's knowledge of the morbific properties of drugs, thus obtained, would have been but little more than a scientific curiosity, had he not animated it with power, by carefully conducting another series of experimental investigations. Where a patient presented a collection of symptoms similar to those produced by a certain drug, this drug was administered, and a cure ensued. Many trials with different medicines in a variety of diseases, some of a chronic character, which had resisted all other treatment, readily yielded to this, and justified the announcement of the law of similars. Bacon pointed out at a distance the road to true philosophy. Hahnemann both pointed out to others, and made considerable advances himself in es-

tablishing a scientific Materia Medica and a method of true therapeutics. If a sufficient number of carefully conducted and successful experiments have been made by competent persons, the evidence of the truth of the law *Similia*, amounts to a physical certainty. The truth of the law of cure and the genuineness of the Materia Medica admitted, the inevitable conclusion must follow that homœopathia is of untold practical value to mankind. No educated man of sound intellect will deny that the method pursued by Hahnemann and his followers is in accordance with the strictest logic applied to the exact sciences. "Suppose a leaf from an unknown tree, none of whose parts had ever been employed as a medicine, were presented to the Society now present, and a committee of its members were charged with the duty of discovering its latent power." After some months of trial on themselves and any friends who might be induced to join them, they would be able to report the particular maladies to which it was adapted. This they could accomplish without trying it in any disease, or even seeing a single case presenting the morbid condition which it was capable of curing, during the whole time occupied in the investigation. In this way the Society is every year adding to the Materia Medica, which enables us to meet any new form of disease at its approach, without experimenting upon our patients; a method still in favor among our old school brethren, and about as humane as would be the cultivation of anatomy by dissecting living men. When the cholera made its appearance in New York, in 1849, the homœopathic was the only successful treatment. The remedies used were those pointed out by Hahnemann, twenty years before, (at the time it raged with such fearful violence in Europe) as curative in this rapidly fatal disease. And so with diptheria, when it raged in Albany, in 1856. The same remedies were used by homœopathists in their very first prescriptions that are now used, and almost every case recovered; while those under any other treatment, proved fatal, almost without exception, The same holds good in spotted fever and every other disease; from the fact that we have both a reliable Materia Medica, and a guide to its use. It

was this that enabled Homœopathy from its birth to rival all other systems; it is this that will enable it to supplant them.

There are many substances whose medical properties are unknown. These must be sought out. We firmly believe that there is no diseases however complicated, no pathological condition however intricate, which has not its counterpart in some known or unknown drug. When every substance in nature capable of effecting the human organism, shall have been proved upon it, and their powers fully ascertained by the healthy, vital test, there will be fewer incurable maladies.

Homœopathy is no longer an experiment. It is now an established fact. It presents itself as a new science and art of medicine. Its practice and teachings are utterly at variance with everything that has preceded it. It is not one-sided, but many. It is not exclusive but embraces in its broad principles everything that is known to possess healing virtues. It claims the attention of mankind on the irresistable evidence of its superior power of curing disease and preserving human life. It comes before you, not in the guise of an impostor, with pretensions which it cannot fulfill, or secret charms which it will not reveal. Nor does it present itself in the garb of a suppliant, unknown and helpless, but as a conquerer, powerful and triumphant. There is scarcely a city or town in Scotland, England, France, Italy, Germany, Spain, Austria, in short in the whole civilized world, where the disciples of Hahnemann are not found.

America boasts of her five thousand homœopathic physicians in extensive practice; men of the highest respectability and scholastic attainments. There are five Medical Colleges in successful operation and largely patronized; and three Homœopathic Life Insurance Companies, which take risks on the lives of those who use no other treatment, from *ten* to *fifteen* per cent. less than other first-class companies. New books on Homœopathy issue almost weekly from the press; periodicals and journals devoted to its principles, are printed in great numbers, in the English, German, French, Spanish and Italian languages. Many hospitals and dispensaries have been established, that the poor can enjoy the benefits of this treatment as well as the rich; the

published reports of these institutions proclaim its superiority in statistical tables that cannot deceive.

It has contended with legal prohibitions, adverse interests, wild theorizing, and stupid dogmatism, and overwhelmed them all. It has never been disproved, nor does it conflict with any known principle of science or philosophy. Every day's experience confirms its truth and proclaims its triumphs. It has been tested in every form of disease, from the most rapid and violent to the most lingering and chronic, with signal success. It commends itself to the public over all other modes of treatment, in the certainty which it affords for selecting a specific remedy for each individual disease; the safety of its operation, and, in all curable maladies, its positive and permanent remedial effects; its preventive power, in removing latent causes of disease, whether connate or acquired; its efficacy in diseases hitherto considered incurable; its ample provision of well proved remedies, which enables it to combat any new form of disease that may arise, without subjecting the patient to an arbitrary and hazardous course of experimentation. It commends itself by discarding everything that may result in positive harm, such "make-shifts," as cauterizing, bleeding, blistering, vomiting and purging, and finally, in the ease with which the *little* doses may be taken even by a child, in the more rapid recovery from disease, and the saving of *time*, *money*, and suffering to the patient.

II.

SURGERY.

CONSERVATIVE SURGERY.

L. H. WILLARD, M. D., ALLEGHENY CITY.

TUMORS.

Our brethren have so often and effectually removed these abnormal growths of perverted secretion, by the aid of remedies applied and selected with due regard to the totality of symptoms, as to have the name among the public, of physicians afraid to operate, or not possessing the knowledge proper or amount of courage to perform, what our opponents of the opposite school attempt whenever an opportunity is afforded. We can easily bear this imputation, if such it be, when we can, with unquestionable evidence, prove our theory right, *and that with living proofs.*

I have many times operated, upon the urgent solicitation of the patient, rather than let the case go out of my hands, but when the tumor is not pressing on any important organ, or does not hazard the life of the patient by its position, I believe in trying faithfully our remedies, summing up carefully the manifest symptoms, both mental and physical, and prescribing both high and low. After these have been tried and failed, then use the knife. For there is more triumph in removing a tumor by medication, than a hundred by a method which has been practiced from time immemorial, without any visible improvement, except in the mechanical part. I do not presume in this paper to theorize nor occupy valuable space, but will give

some instances in support of the ideas already advanced, and adhere strictly to the theme upon which I was appointed to write.

Case 1st.—Mrs. S., age 35, married lady, mother of three children, had a tumor large as an egg, a short distance above the knee, quite movable, hard upon pressure, had been there for three years, was advised by her physician to have it removed. Fearing the operation, came to Dr. Cooper's office for medicine. Her symptoms were, great nervousness, continually sighing, afraid she would die, great fear of coming sorrow or trouble which affected her so much as to make her feel very despondent, slight twitching of the muscles, drawing the limbs to the body. The doctor gave Ignatia 6th every three hours until the nervousness would cease, then a powder three times a day. At the expiration of three weeks, she came back and reported herself well. The tumor had disappeared with the nervous symptoms, and an interval of one year has elapsed with no recurrence of the tumor.

Case 2d.—I was called to operate on this patient. The case was a tumor of the breast. The patient had consulted an allopathic physician, who recommended immediate removal. The tumor was about three inches in diameter, with sharp darting pains through it. Gave her Conium maculatum 6th every four hours; on the third day saw her again. The pain was less, but notwithstanding this she insisted on its removal, and went to the Homœopathic Hospital for the operation. It was performed by making an elliptical incision, and the tumor removed proved to be fibrous. She made a moderate recovery, but soon after the wound healed up, the same darting pains manifested themselves and another hard mass made its appearance in the same breast. Conium mac. 6th was again given. This time the treatment was persisted in, and in one month this hard mass had disappeared, and her health was more improved than it had been for some time.

Case 3d.—Mr. S., age 21, came to the office with a large prominent swelling on the phalangeal joint of the thumb, had received a blow on the same some two years previous, which had given rise to this deformity. He complained of great soreness and stiffness in the thumb, extending up the arm to the elbow; the

swelling red and inflamed; could be moved about a little, but gave great pain when doing so. He wanted it removed, but thinking I could do better, gave him Rhus. 6th every four hours; in one week Rhus once during the day. At the expiration of three weeks he came to the office, and this trouble had entirely disappeared.

OPHTHALMIC AND AURAL SURGERY.

BY BUSHROD W. JAMES, M.D.

OPHTHALMIC SURGERY.

Sutures in the Cornea.

In this brief paper we will merely give a few practical hints upon some of the more recent operations in this branch of surgery. One of the most novel forms of treatment of corneal incisions in the flap extractions of cataract, is the method recently proposed of applying delicate sutures to hold the edges of the incision in apposition. Quite a number of cases are on record with satisfactory results, without any injurious effects resulting therefrom. Some of the advantages of this proceeding are, adhesion by the first intention, while prolapsus iridis is not likely to occur. Atropia may be used, without fear, to keep the pupil dilated, while the surgeon is enabled to examine the condition of the eye frequently, if requisite, without retarding the healing process. The mode of inserting the suture, as adopted by Dr. H. W. Williams, is this: "After extraction of the lens the centre of the corneal flap is held by a delicate pair of iridectomy forceps, while a fine needle one-fourth of an inch long, having a flat cutting point, and carrying a single strand only of the finest glover's silk, is passed through it as near as possible to the edge. The opposite edge of the wound is then seized in the same manner, and the needle is passed through at a point corresponding with the insertion of the suture in the flap; a short but strong pair of forceps is used as a needle holder, the blades of which are roughened at the extremities.

The suture is then carefully tied, and when the silk has been waxed, a common double knot has been found sufficient, without resort to the so-called surgeon's knot. The knot is removed in from a week to ten days after the operation. , Ether should be administered in doing this on intractable patients."

Division of the Optic Nerve for Phosphenes.

Where vision is entirely destroyed in an eye, and flashes of light and sparkling as of fire before the eye remains, a new mode of treating the eye has been recommended by Prof. A. Von Graefe, consisting in the division of the optic nerve, which entirely removes such visual hallucinations. He also advises the same plan of treatment in cases of intra-ocular tumors, being a preliminary step to enucleation.

Prof. Graefe does not use the hook or any other extracting instrument for removing the crystalline lens, in his modified linear extraction operation for cataract. He depends now upon manipulation and pressure, judiciously made with the handle of his knife just above the incision.

The operation of extirpation of the lachrymal gland for obstinate inflammation of the lachrymal sac, which has recently been proposed, has not yet become a standard one, eminent authority taking ground both for and against its expediency.

Some contend that systematic dilation of the nasal duct by means of the nasal probe, is sufficient to attain as good results as the removal of the lachrymal gland will give. Still, thus far, in a number of operations of extirpation that have been performed, no ill results are reported, while it has succeeded in stopping the annoying lachrymation, and without interfering with the proper moisture requisite for the movement of the eye under the lids.

New Operation for Divergent Strabismus.

This consists in dividing the tendon of the internal rectus near the sclerotic coat of the eye, then severing a portion of the loosened extremity of the muscle sufficiently to remedy the

defect, and afterwards implanting the muscle again by fastening it with sutures to the sclerotic coat. In order to do this the patient must be placed under an anæsthetic, and an assistant, grasping the external portion of the globe near the cornea, with a pair of fixation forceps, and drawing it as far as possible to the outer canthus, the operator makes a horizontal opening over the internal rectus, after which the entire tendon of the muscle is secured with a strabismus hook having an eye in its extremity, through which is previously placed a waxed silk, with which thread the muscle is subsequently tied near its sclerotic implantation. Then the rectus internus is severed. A horizontal incision is now made over the rectus *externus*, and this muscle divided. Then catching the ligature and making a slight traction upon it, and moving it from side to side to see that all adhesions are divided, the necessary amount of adduction requisite to remove the divergence is determined upon. This is easily done by catching the cut tendon of the external rectus, and drawing the eye to a normal straight position.

The retentive sutures are next applied by means of two fine sharply-curved short needles, threaded with waxed fine silk, the needles being held with needle holders. Proper adduction being made, the sutures are passed deep through the muscles, one above and one below, perpendicular to the plane of the muscle, one being near its upper margin, and the other close to its lower. When a sufficient amount of this muscle is cut off, to nearly equal the amount to be corrected in the divergence, allowing for the shrinkage, which has followed the detachment of the muscle, the upper suture is placed above the cornea, and the lower just below it. The point of the upper needle should be carried along the sclerotic below the conjunctiva, emerging about a line above the cornea, over the centre of the implantation of the *superior* rectus, and the lower suture should come out on a corresponding line below the *inferior* rectus. While an assistant adducts the eye to a normal situation, the operator carefully ties the suture and coaptates at its original place of insertion, the internal rectus thus shortened, at the same time spreading out the muscle and hiding it

behind the pillars of the wound. The eye is then dressed as after the ordinary operation for strabismus, and proper glasses applied for a few days to compel the eye to remain straight, as is usual in such operations.

AURAL SURGERY.

Perforation of the Tympanum.

One of the most important improvements in operations about the ear is the newly modified plan of excision of a portion of the membrana tympani in certain affections of this organ. It is an improved procedure over the old method recommended by Riolen in the seventeenth century, and also over that in use at a later day by Sir Astley Cooper, and consists in keeping open a fissure at a proper point in the tympanic membrane. The late Dr. Toynbee, of London, introduced his famous artificial tympanum for the closure of openings in this membrane and in many cases it works well, but the apparatus is of so delicate a nature, and so troublesome to the patient, on account of its having to be so frequently renewed, and by reason of its becoming so easily ruptured, it does not appear to have come into very general use. Since this was introduced it has been found that a small piece of raw cotton thoroughly saturated with water and placed over the drum membrane, closing the opening, and then kept moist, answers the same purpose, and is a much cheaper arrangement, and is quite as readily applied, as Toynbee's thin rubber membrane. The loss of hearing, in these cases, which is relieved by an artificial membrane, is due to the orifice being so expansive as to sever the connection of the malleus from the membrana tympani, or being located at such a point in the membrana tympani, that the proper vibrations do not strike upon the malleus, and thus allow the sound clearly to be conveyed to the labyrinth of the ear through its proper channels, the incus and stapes, to the fenestra ovalis. The cases that require the operation of perforation of the tympanum are those in which this membrane has become so thickened and indurated, or has become impregnated with calcareous deposits to such an extent that it will not vibrate. The object of the operations, then, is to permit

the air to gain access to the tympanic cavity and there introduce its own vibrations directly upon the stapes, and from thence to the labyrinth, through its usual course to the auditory nerve, and thus bring about a comparative degree of hearing. The great difficulty in these cases is to make the artificial opening a permanent one on account of the great tendency of this membrane to cicatrize and close. Dr. Politzer's method of establishing and maintaining such a perforation is probably the best and is as follows: "A large size aural speculum is introduced into the meatus externus, and the membrane illuminated by means of a reflector. By means of a paracentesis knife an incision is made through the membrane, through which opening a circular piece of material possessing the properties of pressed sponge is introduced, and permitted to remain for two or three hours, which expands the opening sufficiently to permit a hard rubber eyelet with several rims, and of about the diameter of a common steel knitting needle, to be introduced and retained. The edges of the wound grasping one of the grooves between the rims afterwards, holds it firmly in position.

"The eyelet is introduced by means of an instrument called the pincette, which terminates in two sharp points which are placed in the longitudinal opening and then expanded, making a firmer grasp than if caught from the outside. A small transverse opening, however, is generally made in these eyelets, and a silk thread slipped through, so that the eyelet can be withdrawn, in case the pincette should slip from its hold of it before it is properly placed in position."

A new Mode of Perforating the Membrana Tympani.

A painless mode of puncturing this membrane is that by the method known as the galvano-caustic operation, and consists in heating a platinum wire to a red heat by means of a battery, and then by arranging the wire into a proper shape, it is made by pressure to perforate this extremely sensitive membrane readily, in cases where the knife would be dangerous on account of the involuntary motion of the patient, which will occur even under anæsthesia in some instances, when the instrument comes in contact with this tender part.

Sphyrotomy.

From a great thickening of the membrana tympani, or an adhesion of the membrane to the wall of the labyrinth, or an adhesion of the pharyngeal orifice of the Eustachian tube, when deafness and tinnitus aurium have occurred, it is proposed to relieve the case by a resection of the handle of the malleus, which operation has received the above appellation, and has been several times performed.

Inspissated Cerumen.

Simple and trifling as the cases may seem to the surgeon, the treatment of ears filled with hardened wax will be among his most frequent aural operations, and it, and the removal of obstruction, is not always so easily accomplished, as a casual glance at the subject would suggest, nor is it of quite so trifling a nature as the medical man generally believes it to be. Violent earache frequently occurs therefrom, and deafness, inflammation of the tympanum and external meatus, and intolerable noises in the ear, and even vertigo of a very unpleasant character, not unusually result. It is generally brought on either by the carelessness of the patient in putting pledgets of cotton, or oils, glycerine, pieces of onion, or raisins to the meatus to relieve an aching in the ear, and not unusually does the frequent soap and water washing of the canal also tend to impact the wax and push it down towards or upon the membrana tympani. The mode of treating such cases is for the surgeon to have a reflector fastened upon his forehead, and then by means of a good sized syringe several ounces in calibre, and throwing a fine jet, maintaining a constant stream of a solution of the solution of Bicarb. of Soda in the meatus, and if this does not loosen and remove it, an ear-pick may be used to assist in breaking up the mass, and thus by repeated syringings and pickings, the whole will be sooner or later removed.

SURGICAL CASES.

BY MALCOLM MACFARLAN, M. D., OF PHILADELPHIA.

Strangulated Femoral Hernia resulting in Artificial Anus. Operation.—Cure.

On Saturday, January 30th, 1869, I was called in consultation, by Dr. W. B. Davis, to see Mrs. A. B. Kensill, at No. 1112 Hanover Street, who was suffering intensely from what was supposed to be strangulated femoral hernia. The patient was small, thin, delicately formed, and of a highly nervous organization. Aged about 37 years. Married, and mother of several children. On examination, I found a hard, incompressible tumor in the right groin, as large as a goose egg. Patient had a livid appearance; was covered with cold perspiration; lay in a semi-comatose condition, and vomited every few moments a quantity of yellow stercoraceous fluid of exceedingly offensive odor. From the history of the case, it seems she first noticed a slight prominence in the groin some three years since, but motives of delicacy restrained her from saying anything about it until last Wednesday, February 27th, when she thought it suddenly enlarged after a violent fit of coughing, since which her sufferings have been steadily increasing. Dr. Davis on being called in rightly pronounced it to be strangulated femoral hernia. As the attempt made to reduce it by taxis, under etherization, failed, assisted by Dr. Davis, and Messrs. Rice, and Kennedy, an operation was performed in the following manner: After the parts were shaved, an incision, to divide the skin five inches long, was made nearly on a line of the groin, and passing over the long diameter of the tumor. The other coverings were then raised separately and carefully divided on the director. On reaching the sac, the parts presented a darkened appearance, which was somewhat altered when the sac was opened, by evacuation of a small quantity of bloody serum. The intestine was almost black, and had been so long strangulated that it

was doubtful if circulation could be restored and mortification prevented. The stricture was relieved in the usual way, by incising slightly the falciform process of fascia lata and Gimbernat's ligament. As cases not unlike this had got well when the blackened intestine was replaced, the heat and moisture in the abdomen favoring the return of the circulation in the gut, I determined to give the chances to the patient by replacing it, applying sutures to the wound, and carefully watch in case of perforation. After the operation she was comparatively easy, and complained of no pain whatever. During the day she passed a quantity of hardened fæces that had been lodged in the rectum.

Her diet consisted mainly of oyster broth and liquid farinaceous food. No stimulants were given. China, in water.

Sunday, Jan. 31.—Passed a quiet night. Applied water dressing to the groin, which was very much inflamed. Continued china. No movement of the bowels.

Monday, Feb. 1.—Arsenic in water. For the first time since she was taken sick, natural warmth has returned to her feet and hands. Placed her body in bed on an inclined plane, as it seemed to give her more warmth. Passed quantity of liquid fæces.

Tuesday, Feb. 2.—Passed a quiet day. Gave no medicine. Healthy pus noticeable in the wound. No movement of the bowels.

Wednesday Feb. 3.—Complained in afternoon of sharp pain at the seat of separation; feels faint, and symptoms of collapse. Ars. in water.

Thursday, Feb. 4.—Satisfied that the intestine had been perforated, from her suddenly sinking condition, and slight appearance in the wound of yellow offensive discharge from bowels (fæces), I removed the stitches in the wound to expose the parts, and found a portion of the intestine (about three inches) mortified, with a vertical fissure in the centre, through which the fæces had passed. The parts were then cleansed and the intestine doubled on either side of the fissure, drawn a sufficient distance through the enlarged crural ring, and retained there. Inflamation was violent for several days, during which there

was a constant discharge of yellow liquid fæces and pus, the dressing consisted of loose charpie. China was given in water, and she became comparatively easy.

In three days the inflammation had decreased so much that I was enabled to apply a pad and bandage to retain the fæces in the artificial anus. It was removed for a short time each day in order to allow of an evacuation of the bowels. The opening in each extremity of the bowel was kept sufficiently dilated, and care was taken to have the coats of intestine in contact with each other unite for about one and a half inches. To accomplish this was the work of two weeks, during all of which time she had passed all her fæces through the artificial anus and nothing whatever by the rectum. On the 17th of August I divided, with a scalpel, the intestinal septum, and applied a compress over the artificial anus. That afternoon I was delighted to learn that the fæces had come away by the anus, and that often, with the help of water injections, they continued to be passed frequently. There is now, Feb. 22, hardly enough fæces on the pad to discolor it.

Feb. 24.—She has no fæcal discharge from artificial anus; granulations have closed it. There is very little pus. She has had to-day a natural, unaided movement of the bowels. In a short time the woman became entirely well, and had no bad symptoms whatever. When I visited her in April she was attending to the ordinary duties of her household. I cannot say too much of the care Dr. W. B. Davis gave to this case; to his prompt attention and constant watching a great part of the success is due.

Rupture of Perineum. Operation.—Cure.

Mrs. Kate S. H., aged 28, always very healthy, was taken with labor pains on the afternoon of Feb. 19, 1869, and forcibly delivered of a dead child at noon of the 21st. The child weighed twelve pounds and had an unusually large head (hydrocephalus?) which was very much mutilated. On examination there was found to be a complete division of the recto-vaginal septum, the laceration implicating about one inch of the rectum. Her injuries compelled her to remain in bed for a fortnight, after

which, on attempting to walk a short distance, prolapsus of the uterus and vagina supervened, accompanied by profuse corrosive discharge.

Her physician, an allopath, replaced the parts and cauterized the laceration with nitrate of silver, using the cautery every other day, confining her to bed and keeping her limbs together.

Receiving no benefit from this treatment, she sent for Dr. Reud, who promptly put the case in my hands. Assisted by Dr. Reud, and Messrs. Rice, Kennedy, and Brown, the patient was etherized and operation performed, Thursday, March 11th, in the following manner; the position being the same as for lithotomy; After cleansing the parts, a few of the prominent points left by the laceration were removed with the scissors, and the whole of the torn surfaces were scarified thoroughly by innumerable light touches of the scalpel. A fine silver wire, armed with a straight needle, was entered four lines from the margin of laceration, at its upper part, pushed through the rectum, and, drawing through sufficient wire to allow it to turn on itself, it was returned through a corresponding part of the opposite edge, and without being twisted up.

Four other deep sutures were introduced, traversing the entire depth, in the same manner. They were then secured by torsion, in the vagina, so as to completely adapt their surfaces. In order to strengthen the edges and prevent ingress of vaginal discharge, two superficial silk sutures were applied in vagina, and four in perineum. The sphincter ani offering no apparent resistance, it was not divided. Charpie was then placed in vagina and on the perineum, and an English flexible catheter retained in the blader to prevent the contact of urine. The whole was then kept in position by a suitable bandage. On recovering from ether, she received, in all, a grain and a half of opium, in divided doses, to prevent the action of her bowels.

March 12.—Considerable oozing of blood took place in evening, which was promptly arrested by ferrum, internally. She is otherwise comparatively easy.

March 15.—Complains of no pain. Removed the dressings; found considerable swelling. She feels weak and has no appetite, for which china was given. After that she rapidly im-

proved. I changed the dressings every other day. On the ninth day after the operation her bowels moved. On the tenth day I removed all the ligatures. On the fourteenth day she got out of bed and said she felt like a new woman. The operation, however, slightly lessened the calibre of the vagina, but is a success.

CARIES OF THE JOINTS.

BY W. JAMES BLAKELY, M. D., OF ERIE.

If this case elicits discussion, and I gain information, my object will have been accomplished. It is one which, notwithstanding the most careful attention on my part, has not terminated to my satisfaction, in consequence, I consider, of the constitutional taint inherent in the system of the patient.

George Shant, aged 42, a painter by trade and of scrofulous constitution, was employed about five years ago, before the completion of the railroad to the town in which I resided, to carry the election returns to the nearest railroad station for transmission to Harrisburg. He walked there and back, a distance of 44 miles, and on the journey the boot of the right foot rubbed the integument from the heel, causing a small sore. This he frequently endeavored to heal but without success, until several months afterwards while in Erie, where he received from a druggist some "black salve," which speedily healed the sore.

After the lapse of four months he experienced severe pain in the knee, which became very much swollen. He applied for advice to a physician, whose office he was painting, and who applied stimulating plasters and poultices for the purpose of exciting suppuration, and afterwards lanced the knee in several places. But little pus was discharged, I believe, and the knee was then for some time painted with iodine without any beneficial result. Being the regular family physician, I was, some-

time after this, called to see one of the children, sick with typhoid fever, and during my visit the knee was shown to me and I was asked to prescribe for it. Bryonia 30th, in solution, was given and was taken for three weeks without any perceptible result. After the recovery of the child the patient did not further consult me, but applied to another physician, who recommended scarification and cupping of the leg and foot to an enormous extent. From this time he was obliged to remain in bed, which he occupied for fourteen months before I saw him again, and during which time he was successively attended by three quacks, whose treatment was as varied as it was absurd. The last measure before my second attendance was a glue bandage, applied after the manner of a starch bandage, but it excited so much pain that it had to be removed after two days. I was called to him in March, 1868, and found him in bed, out of which he had been but twice in fourteen months. The limb, from about three inches above the knee to the tips of the toes, was swollen to double its size. The skin was tense and glistening white, pitted upon pressure, the indentation remaining some time and then slowly disappearing. The most excruciating pain, principally referred to the knee, was experienced upon the slightest motion. I diagnosed caries of the knee and ankle joints, and, as I saw no possible chance for medicine, I advised amputation. The patient's indecision and the the preparatory treatment consumed the time until July, upon the third of which month, having placed him under the influence of chloroform, I amputated by the flap operation at the middle third of the thigh, in the presence of four allopathic physicians. After the amputation, I dissected the limb and removed the bones, the condition of which you will see presently. The muscles presented the same milky whiteness as did the skin, and the cellular tissue was engorged with serum. The patient had a pretty hard convalesence; hiccough troubled him excessively and uninterruptedly for two or three weeks, and afterwards chills and fever. The stump was covered with a moist, red eruption, similar to eczema, and was constantly exuding a cold, beady perspiration. He frequently complained of intense pain in the end of the femur, which shot upwards along its course, and which he yet

experiences. The wound, however, healed nicely except at the inner angle through which the ligature of the femoral artery had passed. This remained open and discharged for a long time until closed by the following circumstance: Before the amputation the patient drew my attention to an enlarged inguinal gland which he desired removed at the same time. I did not do so, however, and when he commenced walking the gland enlarged still more, and four others appeared in close proximity to it: the five varied in size from a pigeon's egg to a large hen's egg, and he complained of an intense burning in them. Without my knowledge he applied salves and poultices and excited suppuration in one of them, which discharged by a large opening half way down the stump, whereupon the eczematic eruption and the cold perspiration disappeared and have not since returned, the wound before mentioned healed, and the stump looked as well as could be desired.

On Jan. 27, 1869, I removed these glands in the following manner: A crucial incision was made over the tumors about five inches in length each way, the integument and superficial fascia were dissected back, the deep fascia divided by a probe-pointed bistoury upon the grooved director, and the tumors exposed. Four of them were removed entire, the one which had discharged of course could not be. Several small branches were tied during the dissection. The cavity remaining after their removal was about as large and as deep as an ordinary saucer. The wound healed slowly and not kindly; considerable discharge still continues, and the edges of the wound in one or two places are of an unhealthy purple color and are swollen and puffed. The opening in the integument through which the first gland discharged, still remains open and forms the outlet for the present discharge, which is at times very foul. I may say here that when the glands were removed, I exercised the greatest care to make that removal complete, and believe it was so.

The patient has lately again had chills and fever of a quotidian character, otherwise he appears well, walks about on crutches, and is very grateful for the relief afforded him by the amputation. He told me to-day, May 14, 1869, that he dare not recur even in thought to his confinement of fourteen months;

it nearly drives him crazy. To me the result has not been satisfactory and I would be pleased to hear the opinions of others on the subject. He has informed me that his father after his fiftieth year had his leg amputated for a similar affection of the joints. Ars. ^{200}, Lach. ^{200}, and Silicea ^{200} have been the principal remedies. You may see the extent of the disease from the bones.

N. B.—Cedron was recommended to be used in the above case by Dr. Stevens. Dr. Gause suggested Hamamelis. Dr. McClatchey the still unproved Lava, from its known effects upon the bony structure of animals. Dr. Koch referred Dr. Blakely to Phosphate of Lime.

SURGICAL CASES.

BY J. H. McCLELLAND, M. D., PITTSBURGH.

Recto-Vaginal Fistula.

A. O., aged 27; native of Ireland. This case presents the following conditions:—Recto-vaginal fistula, stricture of the rectum, from two to three inches from the anal orifice, sycotic excrescences around the anus and within the vagina, and various minor complications. As a peculiar feature of her case, it might be mentioned the urethra was entirely wanting, the finger passing readily into the bladder: and yet she could retain her urine a sufficient length of time.

The fistula was quite large, allowing a probe to be readily passed into the rectum, and giving free egress to the fluid secretions of the rectum. The rectal opening was probably two inches above the external orifice, while the vaginal was just back of the fourchette.

In order to dilate the rectal stricture, the ordinary gum bougie had been used a short time, but without much apparent effect. I therefore had glass bougies made, of different sizes,

which tapered at both ends, with a slight enlargement or button at the lower extremity, to which a cord might be attached (and not slip off) to facilitate its withdrawal from the rectum. The object of having the instrument taper at its lower end was, to enable it to be retained with more comfort, preventing, in this way, the continuous stretching of the sphincters. Commencing with a small size, I ordered the bougie to be introduced several times a day, (at first, once only,) and retained as long as possible, with comfort. It was, accordingly, retained from half an hour to an hour at a time. This treatment, together with various internal remedies, Merc., Nit. ac., Cinabar., Thuya., &c., had the effect of relieving the stricture in a marked degree, allowing the act of defecation to be performed with much greater ease than formerly.

The fistula, which had been the source of so much annoyance and discomfort, had, in the course of five or six weeks, entirely closed, so that repeated efforts failed to discover any communication between the vagina and rectum. The removal of the patient from the city prevented further treatment of her case.

Fistula in Ano Cured by Ligature.

Francis McC., aged 40; native of England. Fistula in ano, of about four months standing; had been unsuccessfully operated upon two months previously by an old-school physician.

The external opening was about half an inch from the anus, and the internal about one inch from the sphincter.

Introducing one finger in the rectum, a probe armed with a silk ligature was passed through, brought out at the anus, and the ligature thus drawn through and tied.

It was tightened slightly, from time to time, and in the course of three or four weeks came away, the fistula having, of course, disappeared. For various gastric, urinary, and other symptoms during the treatment, he received Canth., Nux v., Silic., Berberis, &c.

Excision of both Condyles of the Femur.

Alonzo S., aged 19; native American. May 8th, 1869, in running down the street fell into an excavation about thirty feet deep, striking on his left knee, dislocating and fracturing the femur.

The accident occurred about midnight; was called by Dr. Kennedy, of East Birmingham, to see the patient, at 4 o'clock, A. M. On examination found the limb distorted, shortened, and a fragment of bone lying *upon* the patella, but not protruding through the integument.

Placing him under chloroform, I succeeded in reducing the dislocation, but could not get the fragment resting on the patella in its proper place, owing to the strong contractile force of the muscles, and, as we afterwards learned, to the position of the fragment. I then sent for Drs. Hofmann and Burgher, but our united and persistent efforts failed to accomplish the desired result. Acquainting the friends of the patient of the serious nature of the injury, we recommended his removal to the Homœopathic Hospital, to which they acceeded.

Ten hours after the injury, he was again placed under the anæsthetic, and an incision made, about four inches long, over the seat of fracture, from which a large quantity of the accumulated blood escaped. The lower extremity of the femur was found broken in numerous fragments, one of which had become impacted, with one extremity over the patella. Removing this, the lower end of the femur was found jagged and partially denuded of periostium. This was, therefore, sawed off. The condyles were then found in such a condition that their excision was determined upon, and they were accordingly dissected out, involving in so doing an immense amount of careful labor. It was accomplished, however, without injuring any of the arteries; and after cleansing the large gap of all fragments, the wound was washed out with very dilute *Calendula*, and left open. An incision was also made at the lower external side of the limb for drainage.

The limb rests in a tin fracture-box, surrounded with oakum, and is suspended on pulleys. Extension and counter-extension is also made by adhesive straps, ropes, and pulleys.

The patient was placed on Arn. 6, for which Acon. 6 is substituted when the fever rises.

The length of bone excised is four and five-eighths inches, including both condyles.

Drs. Burgher and Hofmann kindly assisted in the operation, which is thus far (7th day) successful.

It might also be mentioned, that as sloughing commenced, and the discharges became somewhat offensive, I had a few folds of muslin dipped in a weak solution of carbolic acid, and laid over the wound. The beneficial effect was manifested both in destroying or preventing the odor, and in the improved appearance of the wound.

Amputation, in this case, would have been a much easier, possibly better, procedure, and may yet have to be resorted to; but I now feel justified in first endeavoring to save the limb, involving though it does, increased time and labor.

III.

MATERIA MEDICA.

NEW REMEDIES.

BY W WILLIAMSON, M. D., OF PHILADELPHIA.

THE object of your Committee in writing the following report on *New Remedies*, the provings of which are not yet embraced in our general works on Materia Medica, is not so much for the purpose of magnifying the importance and relative value of their symptoms (great as these are known to be), as it is to designate the portions of our periodical and other literature, of recent date, in which reliable knowledge on the subject of those medicines can be obtained. Neither a transcript nor an abstract of the accumulated labors of the physicans of our school in the proving of drugs since the publication of "New Remedies," January 1st, 1867, by Prof. E. M. Hale, M. D., would be in place here; and, as so much has been deservedly and so well written already in the form of essays on the absorbing topic of our Materia Medica, your Committee refrains from occupying the time of the Society in that way on the present occasion.

The second edition of the work entitled "New Remedies," by Prof. E. M. Hale, M. D., was published in January, 1867, and contains what is known of remedies introduced to the profession between the time of the issue of our last general work on Materia Medica and that date. This report refers to the portions of our current literature in which may be found what

has been published concerning new remedies since the publication of Prof. Hale's work, as well as additional provings and clinical observations of some of the new remedies noticed in that work and elsewhere.

Your Committee has endeavored to do justice to provers, journals, and books from whence information has been derived for the report, but in some instances the originals were not accessible, and apparent wrong may have been done to a few, but any errors of the kind will gladly be corrected.

Aconitum napellus.—See Hahnemannian Monthly, Vol. IV., page 366, for partial Proving in the attenuations. By Temple S. Hoyne, M. D.

Artemisia abrotanum, (Southern wood).—See N. E. Med. Gazette, Vol. II., page 58. Cases from practice by A. M. Cushing, M. D.

Antennaria margaritacea, (Gnaphalium margaritaceum, Pearl Flowered Life Everlasting).—See N. E. Med. Gazette, Vol. IV., pages 174 and 175. Clinical Observations. By Samuel Gregg, M. D., and I. T. Talbot, M. D.

Apis mellifica, (The Poison of Honey Bee).—See N. E. Med. Gazette, Vol. II., page 234. Symptoms from the sting of the Bee. Samuel Deans, M. D.

Arsenici iodidum, and *Calcis iodidum.*—See Hahnemannian Monthly, Vol. III., page 265. Fragmentary Provings. By W. James Blakely, M. D.

Arum triphyllum, (Indian Turnip).—See "New Remedies," 2d edition, page 73; also Hahnemannian Monthly, page 371, Vol. IV. H. N. Guernsey, M. D.

Atropine.—See Transactions of the Hom. Med. Society of the State of New York, Vol. VI. pages 83–93. Provings and Chemical Observations. By E. M. Hale, M. D.

Baptisia leucantha.—See Amer. Hom. Observer, Vol. V., page 526. Description. By Prof. E. M. Hale, M. D.

Baptisia tinctoria, (Wild Indigo).—See "New Remedies," page 123; also N. E. Med. Gazette, Vol. II., page 25, for Observations, by E. U. Jones, M. D.

Cannabis indica, (Indian Hemp).—See Hahnemannian Monthly, Vol. III., page 461. Proving by Edward William Berridge, M. B., B. S.; also Dr. B. Mure's Materia Medica, (Hempel's translation,) pages 168 and 169; also Publications of American Provers' Union.

Carbolic acid.—See Monograph published by W. B. Keen and Cook, Chicago, 1849, for Valuable Provings and Clinical Observations, by Drs. Backmeister, Hoyne, Duncan, Hedges and Boyce; also Transactions N. Y. State Hom. Med. Society, Vol. V., 1867, pages 54, 86, 87 and 88; also Hahnemannian Monthly, Vol. V. p. 49, provings by S. Lilienthal, M. D., and others; also, same Vol., commencing at p. 166, provings and clinical cases, by Chas. H. Haeseler, M. D.

Chimaphila umbellata, (Pipsissewa. Pyrola umbellatà)—See "New Remedies," 2d edition, page 193; also N. E. Med. Gazette, Vol. II., page 1. Its influence on the Mammæ, by E. M. Hale, M. D.

Cimicifuga racemosa, (Synonym, Actea racemosa, Black Cohosh).—See "New Remedies;" also Amer. Hom. Observer, Vol. V., page 527, for Case of Poisoning, by A. E. Norton, M. D.; also Hahn. Monthly, Vol. III., page 457, by Richard Koch, M. D., on Cimicifuga in Diseases of the Mind; also N. E. Med. Gazette, Vol III., page 56, Observations on Cimicifuga in Melancholy, by T. S. Verdi, M. D.

Cocculus indicus.—See Trans. Hom. Med. Society of New York, Vol. 6, p. 635. Observations on Cocculus indicus, by Carroll Dunham, M. D.

Cupri arsenitum, (Scheele's Green).—See Transactions Hom. Med. Society of Pennsylvania, 1868, page 73, by W. James Blakely, M. D.

Curare.—See Hahnemannian Monthly, Vol. V., p. 137, 177. Proving by Dr. L. T. Houat, translated by S. Lilienthal, M. D.

Dioscorea villosa, (Wild Gum Root).—See American Homœopathic observer, Vol. VI. page 68. An elaborate proving of Dioscorea villosa, by A. M. Cushing, M. D., published by

E. M. Hale, M. D.; also second edition of "New Remedies;" also Hahnemannian Monthly, Vol. IV., page 58. Provings, by J. U. Woods, M. D.; also same Vol., page 306, its action on the Genital Organs, with cases from practice of A. M. Cushing, M. D. By E. M. Hale, M. D.; also N. E. Med. Gazette, Vol. IV., page 176, Clinical Observations, by Drs. Gregg, Bushnell, Woodbury, Sanford and Humphrey.

Dioscorein, (Proximate principle of Dioscorea villosa).—See American Homœopathis Observer, Vol. VI., pages 122 and 158. A thorough proving of Dioscorein on one individual, eliciting a very large number of symptoms. By A. M. Cushing, M. D., Lynn, Mass.

Dipsacus sylvestris, (a variety of Teazle).—See U. S. Med. and Surg. Journal, Vol. II., page 318. Clinical Observations, by M. Beullard.

Erechthites hieracifolius, (Fire-weed).—See "New Remedies," page 316; also Transactions of the Hom. Med. Society of the State of New York, Vol. VI., page 78. Proving, by E. M. Hale, M. D.

Euphorbia corollata, (Large-flowering Spurge).—See "New Remedies," page 371; also Proceedings of the Hom. Med. Society of Ohio, page 62. Provings, by E. C. Beckwith, M. D.

Glonoine, (Nitro-glycerine).—Provings by members of the Medical Society of Central New York; Drs. P. O. C. Benson, T. Dwight Stow, W. L. Fiske, Wm. A. Hawley, A. E. Wallace, R. E. Belding, and Clinical Experience by C. W. Boyce, M. D. —See Hahn. Monthly, Vol. IV., page 116.

Gossypium herbaceum, (Cotton Plant).—See "New Remedies," 2d edition, by E. M. Hale, M. D.; also Hahnemannian Monthly, Vol. IV., page 315, for Essay and Proving conducted by Alex. Peltzer, M. D. By W. Williamson, M. D.

Hydrastis canadensis, (Golden Seal).—See "New Remedies," page 546; also Transactions Amer. Inst. of Homœopathy for 1867, for additions and arrangement, by W. Williamson, M. D.; also N. E. Med. Gazette, Vol. III., page 3. Observations

by W. Williamson, M. D.; also, Hannemannian Monthly, Vol. II, page 260, for extensive proving by class of Hom. Med. College of Penna.

Iris versicolor, (Blue Flag).—See "New Remedies," 2d edition, page 590; also Transactions Amer. Inst. of Homœopathy for 1868, page 113. Valuable Provings and extensive Clinical Observations, by C. Wesselhoeft, M. D.

Lilium africanus, (African or Pig Lily).—See N. E. Med. Gazette, Vol. II., page 151. Proving and Case from Practice, by A. Lindsey, M. D.

Lilium tigrinum, (Tiger spotted Lily).—See Transactions of the Amer. Inst. of Homœopathy for 1867, page 93; also Transactions, &c., for 1868, page 101. By William E. Payne, M. D.

Macrotin, (a Resinoid of Actea racemosa).—See U. S. Med. and Surg. Journal, Vol. II., page 383. Proving and Clinical Observations, by L. H. Willard, M. D.

Mercurius proto-iodatus, (proto-iodide of Mercury).—See Hahnemannian Monthly, Vol. I., for exhaustive proving by W. James Blakely, M. D., or reprint from same published by A. J. Tafel.

Myrica cerifea, (Bayberry).—See "New Remedies," 2d edition, page 725; also Publications of the Massachusetts Homœopathic Medical Society for 1864; also Monograph and American Homœopathic Observer, Vol. V., page 9. Prof. E. M. Hale, M. D., and others.

Myricin.—See Publications of Mass. Hom. Med. Society, Vol. II., page 397. By Drs. Chase, Cullis, and Whitney.

Naja tripudians.—See American Homœopathic Observer, Vol. VI., page 168. Reference to Dr. Russell's provings of Naja tripudians, and a case of poisoning from the bite of the serpent witnested by Mr. Du Chaillu the African traveler. By Prof. E. M. Hale, M. D.

Oenothera biennis, (Common Evening Primrose).—See N. E. Med. Gazette, Vol. IV., page 175. Clinical Observation, by George Russel, M. D.

Petroleum, (Rock Oil).—See Hahn. Monthly, Vol. III., page 409. Proving, with cases from practice, by P. O. C. Benson, M. D.

Phosphorus.—See American Homœopathic Observer, Vol. VI., page 131. An account of the poisonous effects of Phosphorus, and the post-mortem phenomena. Translated from Virchow's Archives. By S. Lilienthal, M. D., New York.

Physostigma venonosum, (Ordeal Bean of Calabar)—See Reports of Mass. Hom. Med. Society, Vol. II., page 456. Provings, by H. L. Chase, M. D., Charles Cullis, M. D., and C. Wesselhœft, M. D.

Plantago major, (Plantain).—See American Homœopathic Observer, Vol. VI., page 140. Clinical observations on Plantago major, by Solomon Reutlinger, M.D.; also Hahnemannian Monthly, Vol. III., page 332. Proving, by Alfred Heath, London; also N. E. Med. Gazette, Vol. II., page 175. Observations, by E. U. Jones, M.D.

Polyporus pinicola, (Agaric, Larch and Tamarack).—See American Homœopathic Observer, Vol. V., pages 268, 278. By Prof. E. M. Hale. M. D.

Polyporus officinalis, (Larch agaric).—See American Homœopathic Observer, Vol. V., pages 58 and 116, by W. H. Burt, M.D., assisted by a number of other physicians; also same Vol., page 187, by E. M. Hale, M. D.; also same Vol., page 481, by E. Cooley, M. D.

Ptelea trifoliata, (Hop-tree, Trefoil).—See Transactions of the Amer. Inst. of Homœopathy for 1868, page 157. An extensive and carefully prepared Monograph, containing description, history, *twenty-three* provings, 350 symptoms, clinical notes, &c. By Prof. E. M. Hale, M. D.

Pulsatilla nuttalliana, (American Pulsatilla).—See "New Remedies," 2d edition, page 845; also Transactions of the Amer. Inst. of Homœopathy for 1867, page 10, by C. Wesselhœft, M. D.

Rhus venenata, (Synonym—Rhus vernix, Poison sumach).—See "New Remedies," 2d edition, page 874; also Amer. Hom.

Observer, Vol. V., page 474 for Proving by Preacher Kunze. Translated, by S. Lilienthal, M. D.

Saccharum album, (White Sugar).—See Hahnemannian Monthly, Vol. III., page 141. Proving, Symptoms arranged by A. Lippe, M. D.

Sanguinaria canadensis, (Blood root).—See "New Remedies," page 912; also N. E. Med. Gazette, Vol. II., page 124. Observations and Cases from Practice, by C. E. Sanford, M. D.; and also same Vol, page 277. Observations and Cases from Practice, by C. W. Boyce, M. D.

Saponaria officinalis, (Soapwort, Bouncing Bet).—See Transactions of Amer. Inst. of Homœopathy for 1865, page 47. Proving, by Wm. E. Payne, M. D.

Solanum nigrum, (Garden Nightshade).—See American Homœopathic Observer, Vol. VI., page 13.—A disquisition on Solanum nigrum, containing an account of its being mistaken for atropa belladonna, with gleanings from various sources of symptoms caused by the Solanum nigrum, and clinical observations on its use in the treatment of several diseases. By Prof. E. M. Hale, M. D., Chicago.

Thea sinensis, (Chinese Tea).—See N. E. Med. Gazette, Vol. II., pages 169 and 193. Pathogenesis of Tea, by C. Wesselhœft, M. D.

Thuja occidentalis.—See Hahnemannian Monthly, Vol. III., page 505. Proving with Jenichen's 1000 attenuation, by E. W. Berridge, M. B., B. S.

Urtica urens and Urtica crenulata, (Nettle).—See N. E. Med. Gazette, Vol. III., page 10. Observations by T. C. Duncan, M. D.

Ustilago madis, (a Parasite of Indian Corn).—See Monograph; also Amer. Hom. Observer, Vol. V., pages 305 and 301. Provings and Clinical Observations, by W. H. Burt M. D.; also Hahnemannian Monthly, Vol. IV., page 369. Its Use in Uterine Hemorrhage, by J. B. Wood, M. D.

New Provings and Re-provings.—See Publication of American Provers' Union, for Provings of Ferrum metallicum, Mer-

curius iodatus ruber, and Cannabis indica; also Publications of A. J. Tafel, Philadelphia, for Provings of Cistus cannadensis, Cobaltum, Zingiber, and Mercurius proto-iodatus reprinted from the Hahnemannian Monthly; also American Journal of Homœopathic Materia Medica, for symptoms of Natrum sulphuricum, Eupatorium perfoliatum, Eupatorium purpureum, Therideon curassavicum, Sarsaparilla, Asparagus officinalis, Mercurius iodatus ruber, Cuprum, Stramonium, and Coca.

THE SPECIFIC ACTION OF REMEDIES.

BY RICHARD GARDINER, M. D., PHILADELPHIA.

THE fundamental points of difference that have existed and still continue to separate the various schools of medicine, are, in fact, opposite, and differently modified views on the subject of the action of remedies in general, and the specific action of remedies in particular.

Whether the principles under which a patient, or, as some schools term it, a disease to be cured, is based on the law of the Similars or Contraries are correct, can only be solved after determining—First, what constitutes disease, and secondly, in what manner remedies act specifically; and we would soon convince the old school of two erroneous material ideas of disease did they comprehend as we do the specific action of remedies.

Various schools of medicine have at times claimed to have found a remedy that cures disease upon some principle peculiar to itself, and not common to any one or two remedies, or they claimed to have found a remedy which infallibly cures all cases of certain diseases to which it is deemed appropriate.

Experience has demonstrated, however, that all these theories are erroneous, that a remedy which, in one or more instances, has cured to all appearances a certain form of disease, had failed to cure other similar cases. And it could not be otherwise, as even the most contagious diseases do not attack

all persons in exactly the same manner. The individuality of persons coming under the influence of a contagion modifies and changes the effects of it on the variously differing individuals; and what holds good in contagious diseases is much more strongly marked in all other forms of disease. The deduction of the specific action of a remedy brought to the test of experiment was drawn in this instance from accidental cures, and did not hold good when the propositions of the various expounders of the different doctrines of the common school of medicine claiming to be in possession of specific remedies for specific diseases, have been rejected by one side on account of failures in the application of that specific, and when revived again by the other, to fail; and finally the practical experiment had to be tried in order that the specific action of every remedy might become known. This experiment consisted in the novel mode of proving medicines on the healthy, and is one of the prerogatives of Homœopathy.

As homœopathists, we contend that a remedy which is administered as a curative agent, specific for the cure of the sick person, can only cure or be a "specific" because in its action on the human organism it is able to and has caused a very similar disturbance of health, or in other words, has caused similar symptoms as are manifested by and on the patient suffering from the effects of disease; and as every case of disease has to be considered as an individual case, and as the same miasma, contagion, &c., affects different individuals similarly, but differently, the variations having their cause in the individuality of the person affected; just as medicines do affect all persons alike, but their action is still changed by the characteristic peculiarities of persons taking it. So must we look under our law of cure for the specific remedy for each specific case of disease; and we will find its specific action restore health in proportion as the remedy possesses the necessary similarity of action on the organism as has been the result of disease; and as we consider every case of disease by itself as an individual case, comprising all and every changed condition in variance with that exhibited in health, as the totality of symptoms constitutes the disease, the possibly curative specific must in all respects be similar

to that totality of symptoms, and this excludes from homœopathic practice, the selection of a specific remedy merely because there exists a similarity between it and the locality of the disease (organopathy). The similarity of the locality may serve us in remembering a certain remedy or remedies, but can never alone point it out as a specific, it is nothing more nor less than a "key-note," a *reminder*. If the locality alone were to determine the choice of a remedy, and nothing else were required to find the specific, it would imply that we were in all cases in the possession of the knowledge of the very seat, the very precise locality of the disease. But all practitioners of medicine know too well that in many forms of disease the locality of the disorder is not known, or at least is obscure and very doubtful, and by implication we would again return to the allopathic materialistic ideas of disease. Next to the locality (if such a point can be fixed with some degree of certainty) we have to consider the kind of pain experienced, and furthermore the condition under which such a pain is relieved or ameliorated or originates or ceases; and, finally, must be considered the concomitant condition not always traceable to the disturbed condition of one organ, or to the apparent locality of the disease. If the locality, the kind of pain, the condition and concomitant symptoms, as they are found on examination of a given case of disease, are similar to the effects known to have been produced by a remedy on the healthy organism, then only are we in possession of a specific remedy, and its specific action must result in a restoration to health.

From the facts so stated and found to be correct by the long-continued and often-repeated experiment, it must follow that Homœopathy must also reject all attempts to find specific remedies for certain forms of disease, or what is still a greater deviation from our acknowledged principles, resort to the mixing or combining of various drugs. The specific action of a remedy can only be ascertained by first obtaining a knowledge of it by proving it on the healthy, and whereas the combination of various drugs have not yet been proved on the healthy, and as we therefore have no knowledge of their action at all, they can never be used as specifics.

Cinchona was taught to be a specific for Intermittent Fevers, and it was left to our school to determine its specific action in that and other forms of disease, which was done by proving it on the healthy, and what held good in this case holds in all other cases of disease, and in the determining of the specific action of all other remedies. The allopathic school begins to comprehend that all their efforts to find specific remedies has been followed by sad disappointment, and they are beginning to do what Hahnemann did long ago,—prove drugs. The true knowledge of drug action is a necessary preliminary step which has to be taken before we can become possessed of the specific action of remedies, and we have in addition to this preliminary step to follow the further development of medical knowledge and their principles, thereby brought to our acquaintance, and accept the practical rules which the experiment has confirmed as best suited to the application of these principles, and the specific action of remedies will be confirmed in every case which is treated in accordance with the principles and practical rules appertaining to the Homœopathic School of Medicine.

UNRELIABLE REMEDIES.

BY JACOB JEANES, M. D., PHILADELPHIA.

Food for the hungry and water for the thirsty are reliable remedies when the sufferers are otherwise in good health; but neither will food relieve the hunger nor will water extinguish the thirst which occurs in some diseases. Under these circumstances other means, among which are medicines, will often cure the disorders upon which morbid hunger or thirst depends. And, as the diseases which cause these symptoms are very different from each other, so must be the means by which they can be cured, It is the wrong selection of means intended to be remedial which gives rise to the expression of "Unreliable Remedies."

Knowledge of the totality of the symptoms, of the tota

the circumstances influencing the disease, and of the means employed as remedial, is essential to absolute perfection, in the selection of appropriate remedies for diseases or other evils. Although this may be beyond human attainment, yet it is our duty, by the study of diseases and their remedies, to make as near an approximation to it as possible.

Slowly, through remote ages and to the present time, has medical science been, in the main, advancing. Yet it has often been stationary, or even retrogressive; and both delay and retrogression have mostly been owing to a superstitious reverence, either felt or feigned, for doctrines, which to doubt was medical infidelity.

The medical profession in this country is now alive to its duty, and is endeavoring through the instrumentality of county, state, and national medical societies, to further the progress of medical science. Good has already been attained, and much greater must come, if these organizations, learning wisdom from the history of the profession, shall successfully resist all attempts to render them the coercers of opinions, or the manufacturers of medical creeds. Their opinion is to stimulate philosophical inquiry and not to establish limits within which it shall be restrained. And they should confine their action to the great and lofty purpose for which alone they ought to have been, or should be, maintained. Any interference in the disputes of physicians should be avoided. And, even when members are accused of crimes it should be remembered that the scales and sword of justice have not been confided to these organizations, but to the legal tribunals of the land.

Valuable medical knowledge and the general good conduct of physicians are the only remedies for the wounds which the honor of the profession receives from its disreputable members. The decisions and sentences of institutions such as ours, have always proved, and probably always will prove "Unreliable Remedies."

IV.

PROVINGS.

PARTIALLY PROVED REMEDIES.

BY W. JAMES BLAKELY, M. D., ERIE.

"THE term Materia Medica," says a recent writer, "has undergone changes, or, at least, limitations in its meaning. It originated in the collecting and studying those material substances which became medicines. As the facts thus obtained increased in number, and were classified, the name was given to the department of knowledge thus formed. As the facts became more numerous, division and subdivision were necessary. New departments were made, and the name Materia Medica was restricted to one of them. At each period, one branch stands representative for the others. Its object is to obtain material for therapeutic experiment."*

The term "Proving," signifying the endeavor to ascertain the extent to which drugs will pathogenetically affect the healthy human system, tersely expresses the therapeutic experiments instituted by Hahnemann, and pursued by his adherents to the present day, and to which, according to our law of cure, every substance must be submitted, before being employed for the removal of disease. This is the principle, but I regret to say that it has not been implicitly obeyed, and hence we find in the

* "The Materia Medica in its Scientific Relations." New Haven, Conn. 1868.

Materia Medica, provings in different degrees of perfection, some having been well made, some partially, and a great many very imperfectly. The drugs, which these provings represent, may be arranged according to the extent to which they have been pathogenetically investigated, and may be divided into *thoroughly*, *partially*, and *imperfectly* proved. The drugs classed as partially and imperfectly proved, furnish the material for the present report, and constitute what are known as the *Partially Proved Remedies*. I have chosen to treat the subject upon general principles, since to take up each remedy in detail, and examine its uses in disease, would require more time than you would allow to me.

The first consideration is: *What do we understand by Partially Provcd Remedies?*

In the "Organon of Homœopathic Medicine," we read as follows, upon the subject of provings:

§ 120. "Thus we ought to distinguish medicines carefully one from another, since it is on them that life and death, disease and health, depend. To effect this, it is necessary to have recourse to pure experiments, made with care, for the purpose of developing the properties that belong to them, and the true effects which they produce on healthy individuals."

§ 127. "Medicines should be tried on the persons of women as well as men, in order that those changes in the economy which are referable to difference of sex, may be clearly ascertained."

§ 135. "It is only by repeated observations made upon a great number of individuals of both sexes, properly selected for the purpose from among a variety of constitutions, that we can acquire a pretty accurate knowledge of the whole of the morbid effects that a medicine is capable of producing."*

This is the process to which a drug must have been submitted before the character of *thoroughly* proved can be claimed for it. And it is, therefore, evident that any one not investigated to this extent, must be classed among the *partially* proved; and a cursory examination of the Materia Medica will demonstrate

* Organon, p. 157, et seq.

the frequency of the latter, which embraces over one-half of our remedial agents. In this place, it will be impossible to give an extended enumeration of them as a class, or to consider them in detail as individual members; and on account of our imperfect knowledge of the true value of many of them, it may be presumptuous to give preference to some over others. But I shall, nevertheless, divide them into the following four classes, maintaining, as nearly as possible, the relative value generally accorded to them.

1. The first class embraces remedies which, though well proved by a number of persons, according to the rules given above, are, nevertheless, constantly removing symptoms not recorded in their pathogeneses, and whose records contain many symptoms marked as "curative," that are supposed to have been removed, but known never to have been produced by the remedy. The disappearance of a symptom during the administration of a certain remedy, in whose pathogenesis it is not contained, cannot positively be ascribed to the action of that remedy, but may have been due to some extraneous circumstance. Its disappearance in a number of cases, during the administration of the same remedy, certainly furnishes stronger proof in favor of the latter, but a re-proving of the drug is necessary to ensure its perfect reliability, and its appearance during this test establishes its position with absolute certainty. And if a remedy does remove a symptom it has never produced, no argument is required to show that, under a proper pathogenetic investigation, its former action would be verified. It is necessary that this fixation of curative symptoms should be made; for, although repeated observation has rendered them of almost equal importance with those which are pathogenetic, scientific exactness requires that their character be definitely settled.

2. The second class embraces remedies, each of which has been thoroughly proved by one person, who has exhausted its powers in so far as it will affect his individual system. A remedy of this character, although thoroughly proved to the extent above indicated, is but imperfectly developed, since, as quoted above, in order to ascertain its physiological properties

in their fullest extent, a proving by a number of persons, varying in age, sex and temperament, is requisite. As in several cases of the same disease we find *differentia*, depending upon these various circumstances, and as the remedy investigated is to be applied to the cure of diseased conditions in different persons, it is obvious that the individuality of each patient should find in it its *simillimum* as closely as possible. But this cannot obtain where the investigation has been limited to one person, since his individuality will alone be represented, and hence the usefulness of the remedy be curtailed. In this connection, I quote Hahnemann again: "But the whole of the symptoms peculiar to any medicinal substance whatever, never manifest themselves in the same individual, neither do they appear simultaneously, or during a single experiment."* Remedies of this class will, however, be found valuable in practice, and more generally reliable than those of the following, for though their usefulness be confined to a few cases, their similarity to them is very clearly defined and can be readily recognized. The admirable proving of *Eupatorium purp.* (by Mrs. H. H. Dresser), in Hering's Materia Medica, and that of *Cactus grand.* (by Dr. Rubini), are examples of this class.

3. The third class includes remedies whose properties have been investigated in an imperfect degree by several persons, whose experiments have not been extended to an exhaustion of the powers of the drug, and by whom the proving was abandoned before the perfect individuality of each one was represented in the results obtained; in which, moreover, from the various degrees in which this was accomplished, there was wanting that corroboration of the symptoms of the different provers, so valuable in pathogenetic researches. Drugs of this class are less valuable than are those of the second, since a perfect similarity between remedy and disease cannot be so readily effected.

4. The fourth class embraces remedies which, whether the result of segregated or aggregated labor, are presented to us in form so manifestly imperfect, and in symptomological richness so deficient, their various parts bearing so little logical

* Organon, § 134.

relation to each other, that no use can be made of them. A cure may occasionally be made with one of these, but, as a rule, they are of but little service to the physician. Examples of this class are only too numerous in the Materia Medica.

To sum up briefly the needs of these four classes of remedies, we find that,

The *first* requires re-provings to establish the value of their curative symptoms;

The *second*, corroborative provings by other persons;

The *third*, completion of the present records by re-proving;

The *fourth*, systematic proving.

By pursuing this course, the pathogeneses of the various remedies will not only be completed and perfected, but the reliability of present symptoms, when reliable, will be established, and the unreliability of others detected.

The next consideration is: *What are the results of using them in their present condition?*

In considering this and the following questions, I exclude from examination, remedies of the first and second classes, since they require completion and revision rather than pathogenetic investigation. With regard to those of the remaining classes, a difference of opinion prevails, some insisting that they should be employed, and adducing successful clinical experience in support of their views, while others oppose their use until their pathogenetic character shall be more clearly established. The latter view I consider more logical, being strictly in accordance with homœopathic principles and with the rules which govern pathogenetic investigations. With homœopathic principles, because certainty in medicine, which it is our principle and duty to promote, is attained by it; while it is materially retarded, if not actually subverted, when the opposite course is pursued. With the rules governing pathogenetic investigations, because the law of cure provides that disease shall be combatted by medicines presenting symptoms similar to those of the morbid condition to be removed: but this is not obeyed by prescribing, hap-hazard, medicines of whose effects we are ignorant, or of which we possess but a faint idea. Moreover, it is an imitation of allopathic practice, which is based upon this very

modus prescribandi, and an abandonment of the fundamental principle of our system, to which an absolute adherence is demanded from those who call themselves homœopathists.* In addition to these reasons, I cannot resist bringing to your notice the example of Hahnemann, who, as we have seen from his explicit directions on this subject, did not prescribe medicines upon a hypothetical idea of their similarity, nor upon the meagre records of toxicology, but proceeded first to ascertain upon himself what their precise pathogenetic action was.

While the foregoing objections seem to afford sufficient reason for opposing the clinical use of partially proved remedies, I do not include in them, cases in which the known remedies have failed to afford relief, for I hold, with the founder of our system, that "the first and *sole* duty of the physician is to restore health to the sick,"† and if known means fail, and he have reason to believe that a certain unproved remedy may be beneficial to his patient, it is his duty to administer it; and if successful, to prove it, for the benefit of others. The habit, in these cases, of reporting only the clinical experience, is apt to be subversive of the very object of the reporter. Upon this subject, Dr. Lippe says: "It was a self-evident proposition that there could be no settled or fixed law of cure established in medicine, without having first and foremost a knowledge of the precise effect of every individual drug. This knowledge, as we have shown, can only be obtained by provings. Every additional proving developed new means of establishing the proof of the correctness of our law of cure, by enabling us to state results—cures. As there can be no limit to knowledge in general, and as there remains yet a great many curative agents unproved, we can further the progressive development of Homœopathy best by continuing to prove."‡ And again: "Gladly

* If such prescriptions be successful, empiricism is engendered, and a reliance upon clinical cases instead of the law, also remedial selection *ab usu in morbis*; if unsuccessful, a disbelief, *in toto*, in the remedial powers of the drug, is apt to result, whereas our ill success with it was due, not to its inertness, but to its want of similarity to our particular case.

† Organon, § 1.

‡ Report to State Soc. 1868.

acknowledging the hints of the occasional usefulness in curing the sick, of the various drugs used in domestic practice, we should sternly reject their introduction into our schools, or even the using them as curative agents, until they have been sufficiently proved to warrant their being positively assigned their proper places in our Materia Medica."*

In favor of employing these remedies, it is usually argued that though their range be small, they are, at times, the proper remedies in certain cases to which the more thoroughly proved drugs do not apply; and that by the happy administration of one of them in such a case, disease is removed and life saved. But this should not be considered an argument in their favor, for it is really a strong one against them while in this imperfect condition, since the exhibition of positive curative powers by them is a demand in favor of their more thorough investigation. It is not to our credit that we are willing to employ these remedies in their imperfect condition, especially if we have evidence of their curative powers; neither is it to our credit that we make use of Hahnemann's provings, without attempting to ascertain if they be not susceptible of improvement. As a result of this indifference, our Materia Medica has become overloaded with drugs of little or no practical value, and something should be done either to render them valuable or to get rid of them. A thorough and systematic investigation would determine which were of value, and those found wanting could be dispensed with.

We now ask: *Shall the partially proved remedies be banished from the Materia Medica, or shall they be further developed?*

From the foregoing brief consideration of these remedies, we have seen that they comprise a mass of material which may be made valuable by proper preparation. Moreover, in any science, an enlightened progress demands the development and cultivation of every subject connected with it of which positive knowledge or reason, inductive or analogical, presents proofs of value or usefulness. It views with disfavor the neglect of any item of knowledge, no matter how apparently insignificant, since from these are sometimes developed the most important prin-

* Ibid, p 70.

ciples and the most reliable facts. Furthermore, no science can be said to be so complete in all its parts as to warrant the rejection of even apparently unimportant items. Hence a proposition to limit our curative agents to those which have been well proved, aside from its unscientific and illogical character, would be unsustained by reason, and would be contrary to that experience upon which we so much depend. For instance, since the publication of the Materia Medica Pura and Chronic Diseases, some new remedies have been so elaborately investigated that they rival any contained in those works. Without doubt, future years will witness similar additions. Some of those now regarded as of little value will assume this rank, as well as others at present unknown to us. Hence, the limitation of our remedial agents to those considered well proved, to the exclusion of others less thoroughly investigated, would be irrational and unscientific. Neither should, at any time, the dimensions of our Materia Medica be limited, but every substance found valuable, after having been thoroughly tested, should be admitted to use as a curative agent.

Finally, we have to consider: *Which of these remedies should be selected for thorough proving?*

Should it be decided to institute a systematic examination into the qualities and properties of these remedies, the question will naturally arise, "Where shall a commencement be made?" And this is important, since it is desirable to prove the most valuable first. Their clinical records will aid us somewhat in determining which have the principal claim upon our notice. Some of them have been prescribed in accordance with the few symptoms which they possess, or from a remarkable resemblance between some one symptom in the pathogenesis and in the disease, or empirically, and where a successful issue has been the result the cases have been reported. If a collection and comparison of these were made, the relative value of the remedies might be approximately arrived at, sufficiently, at least, to determine their comparative importance as curative agents. Furthermore, with many drugs of these classes, we may reason analogically, and especially with the various mineral compounds, for instance, those of mercury, copper, silver,

tin and zinc. Some of their compounds have been well proved, and rank as important remedies, and we may reasonably assume that the others are not valueless. These methods, the clinical and the analogical, are more or less arbitrary and uncertain, but are, perhaps, the best which we can employ for the purpose.

The drugs which seem to me most likely to yield profitable results are: Acetic, benzoic; fluoric, oxalic and tannic acids; allium cepa; the acetate of ammonium and ammonium causticum; the iodide, citrate and tersulphuret of arsenic; the muriates of gold and silver; the acetate, chlorate, oxide and iodide of lime; calendula; cannabinum apocynum; cannabis indica; muriate and sulphate of quinia; copaiva balsamum; arsenite, carbonate and sulphate of copper; the carbonate, muriate, sulphate and iodide of iron, and ferrum magneticum; gelseminum; the acetate, oxide, sulphuret, chloride and bichloride of mercury; the acetate and sulphate of morphia; the chloride of tin; the compounds of zinc and of bromium; the iodide of sulphur; veratrum viride.

The foregoing are some of the many partially proved remedies occupying places in the Materia Medica. There are others which may be of equal importance, but considerations to be subsequently mentioned, have caused me to give preference to these. Of the vegetable remedies and of the acids, we have some valuable clinical experience; and in favor of the metals it may be argued that the bases are among our most important medicines, have been long in use, and are considered indispensable, and that, so far as we have provings of their compounds, they are known to be valuable. If the iodide of mercury exhibit remedial powers, why should not the iodides of arsenic, sulphur, iron and lime? If the acetates of lead and of copper have been so valuable, why should not also the acetates of mercury, of zinc and of lime, be important additions to the Materia Medica? The cannabis sativa is a valuable remedy; why not the cannabis indica? As a detailed investigation of the present known properties of these remedies would extend this paper to an undue length, I have thought best not to attempt it. I desire merely to attract your attention to this subject, and to the classes of remedies of which I have given a few examples,

and to impress upon you the necessity of availing yourselves, by thorough investigation, of their pathogenetic and curative virtues. To effect this object, there is but one course to be pursued—to *thoroughly* prove the remedies which are now only *partially* proved. How this is to be done is for you to determine. But I may be permitted to suggest that it will not be effected by individual labor, but only by organized effort; by the aggregation of the individual workers, from which, with but few exceptions, all our best provings have resulted. This aggregation can be attained, if each individual be willing to contribute his share.

In the foregoing brief consideration of this subject, I feel that I have but imperfectly discharged the duty assigned me. This was, however, rendered somewhat unavoidable by the division of the Materia Medica Report into separate portions, thus necessitating brevity on the part of each member of the Committee. For the proper development of the claims of the Partially Proved Remedies, a critical examination should be instituted into the properties, pathogenetic and curative, of each, for by this way alone can we arrive at their separate and relative value.

V.

OBSTETRICS.

AN ANOMALOUS CASE IN OBSTETRICS.

BY FREDERICK B. MANDEVILLE, M. D., NEWARK, N. J.

On the night of the 26th of March, I was called to see a lady in labor with her first child, by Dr. ———. I found the head of the fœtus pressed down firmly upon the perineum and vulva. All uterine effort had ceased. The distended vulvar opening was not more than one to one and a half inches in length, and about three-quarters of an inch in width. Pressing back the head of the child, I hastily ran my finger around the orifice. I found the perineum had slightly lacerated within, and would probably have been completely ruptured had the contraction continued. The question that presented itself to my mind was, what shall we do? as the child gave evidence of being alive. To cut the vulva longitudinally would amount to but little, as the opening, anteriorly and posteriorly, was so small that the passage of the child would certainly rupture the perineum, as owing to some malformation, as I then supposed, the anterior commissure extended about one and a half inches below the urethra, and was perfectly rigid. Of the two evils, I chose that which was, in my judgment, the least, that of rupturing the perineum, as some laceration of it had already taken place. Supporting the lower part of it, I, with the finger, tore it to the sphincter, drawing the child into the world by one finger on the occiput the other in the mouth. After some labor, we were enabled to resuscitate the infant. I advised the dressing of the parts with cold water, had the limbs tied together, made her as comfortable as possible, and left her for the night. On the next day, after making a careful examination of the case, and finding that the sphincter was not involved, we decided upon uniting the wound at once, and not hope for a spontaneous

union, either by first or second intention, my friend, Dr. Webb, of Orange, N. J., performing the operation of Baker Browne for ruptured perineum, making the vulvar opening somewhat larger than before.

Now for the cause of all this. I discovered, on the day following her confinement, a cicatrix running from the anus to the vulva, leaving an entrance to the vagina of about an inch in length, there creating the abnormal condition of a *cul de sac* about one and a half inches in length, at the anterior commissure (previously mentioned), then running through the mons, and ending about one inch above it. We could gather little or nothing from her previous history. While very young, she was left an orphan, and by her friends entrusted to the care of a convent. She had a vague impression that while there she underwent some operation upon those organs; and supposed she was formed as other women.

A Curious Case.

Six years ago, Mrs. C., while gestating with her first child at the fourth month, had what her physicians styled elephantiasis. They were unable to afford her relief. In due time the child was born, and in six weeks the difficulty entirely disappeared. Three years ago, while gestating with her second child, I was sent for (she having removed from New York to Newark), and found a well defined herpetic eruption, in which I exhausted myself, without affording her relief. One month ago, I confined her with her third child. Four months before, she exhibited to me three pediculated tumors hanging from the left eye-lid, about the size of a split pea, the weight of them drawing down the lid so much as to occlude the sight. I offered to tie them off, but the patient would not permit it, saying they would disappear as soon as the child was born; and so it has been. But upon the last infant one of nature's freaks had taken place. Upon the left hand of the child a sixth finger presented itself, in shape like the tumors of the lid, but very much larger. This is the only case of malformation in the family. I have cut it off, and find it of cartilaginous condition, with a nail, but no real bone.

VI.

REPORT OF THE COMMITTEE ON ABORTION.

BY HENRY N. GUERNSEY, M. D., PHILADELPHIA.

On consulting the last volume of the "Transactions" of our Society, I learned that I had been appointed to prepare a paper on "*Abortion, Spontaneous and Criminal;*" and being desirous of acknowledging the compliment paid me, I have thought it proper to say a few words on that subject rather than pass it by in silence.

Very much has been written—and particularly recently—on Abortion; and even the literature of our own school is not lacking in treatises on that subject. For me, therefore, to take up your time or my own by writing or reading an essay on its causes and phenomena, or the means of its prevention and cure, would be a work of supererogation. The valuable book of Professor Hale, with which you are all doubtless familiar, fully sets forth the subject in all its bearings; while in the work which I had recently the honor of presenting to the Profession, I have treated of the subject as fully as I considered it demanded, and laid down what, in my judgment, should be the proper course of treatment to be pursued in cases of this nature.

So far as *criminal abortion* is concerned, however, and notwithstanding the many books and pamphlets which have appeared on that subject, I cannot forego the opportunity of again calling the attention of the profession to the fact
of an unnecessary abortion is the com
murder. The origin of the soul of man
the origin of his body, growing with its g
ing with its strength, until, the body dec

soul passes on to the higher life, and is then perfected. There is not a moment, after conception has taken place, in which its product is not a living soul. The impregnate ovule, the embryo, the fœtus, the infant, is but the miniature of the man, and as much a living human organism as when it has attained the strength and majestic proportions of manhood. And he who consciously, deliberately, and unnecessarily destroys its life, commits as great a crime in the eyes of God—and, we trust, in the eyes of the world—as he who ruthlessly imbrues his hands with the blood of his fellow-man. The Roman Catholic Church very justly takes this view of criminal abortion; and it would be well if every body of Christians, and every intelligent community, would not only so view it, but act in accordance with that view.

I am of opinion that criminal abortions are not commonly produced by regular physicians. On the contrary, they are usually brought about by *enciente* women themselves, by so-called midwives, or by wretches who make this destruction of life a trade. Regular physicians are frequently called in when real or supposed dangerous symptoms or conditions have made their appearance. It is a question for this Society to consider, whether it is not the duty of physicians, in such cases, to endeavor to discover the criminal, and to hand the guilty party over to the outraged majesty of the law.

VII.

PRACTICE.

NEW DISEASES.

BY CHARLES E. TOOTHAKER, M. D., PHILADELPHIA.

SOLOMON, the wisest of men, tells us "There is nothing new under the sun." A wiser, however, than Solomon, has said, "Behold, I make *all* things *new*; a new heaven and a new earth, in which dwelleth righteousness." And into that new heaven and new earth diseases will gain no admittance.

Under *this* heaven and in *this* earth, disease and death have their habitation, and so long as the causes which produce disease and death multiply and increase, so long will the forms which disease assumes, the avenues by which death approaches, also multiply and increase.

It may be supposed that, in what is usually denominated a primitive state of society, there would be few diseases.

During the sixteen hundred years which elapsed immediately after the creation of Adam, whilst the earth revolved on its axis perpendicular to the plane of the ecliptic, whilst the Lord God had not yet caused it to rain upon the earth, whilst cold and heat, summer and winter, spring-time and autumn, were unknown, whilst a dew went up upon the face of the earth and watered the whole face of the ground, and one perpetual spring-time reigned throughout the entire circumference of the globe, we have no record of diseases, nor any knowledge of the forms which at that time, and in such circumstances, disease would probably assume.

But when, by some violent convulsion in nature, the axis of the earth was thrown askance twice ten degrees and more, when the earth, acting in accord with the Divine will, which is but

another expression for the laws of nature, commenced to revolve on an axis twenty-three and a half degrees oblique to the plane of the ecliptic, when God sent rain, the small rain and the great rain of his strength, when summer and winter had their beginning. and hurricanes, storms, tempests and tornadoes first commenced their desolations, DISEASE also assumed new forms, and adapted itself to the new conditions and causations which, since this great convulsion, have been everywhere manifest on the face of the whole earth.

During the first period of the earth's history, until the time of the flood, vegetation was, no doubt, more luxuriant, plants, animals, and man multiplied in greater profusion. There were giants in those days. Men attained to a larger stature and a longer life. Many lived several hundred, some nearly one thousand years. And it is but a fair inference from the principles of causation, that diseases were of a milder type and of less variety. But in this present period of its history, this period of extremes of cold and heat, of summer and winter, this period of hurricanes and tornadoes and tempests, Disease has become a hydra-headed monster. It has assumed Protean form, and incited into action by the extremes existing in other things, it assumes a severity corresponding to this condition of excitation and unrest which is everywhere manifest in nature.

It is assumed, then, that disease is the result of some disturbance in nature which produces undue excitation of the forces connected with life and health.

If this assumption be correct, it will follow that, in proportion as the causes of excitation of these forces are multiplied, in that proportion, in any community, will the forms in which disease manifests itself be expected to multiply.

In the progress of society from its primitive condition to a state of civilization and enlightenment, one of two results must necessarily follow. The attrition of man with man, and of mind with mind, will so modify human character and human life, as to produce more gentleness, more equanimity, more self-government and self-control, or it will produce more self-indulgence, more luxuriousness, more dissipation, and, as a consequence of this, more disease and more death.

Nearly all those forms of human suffering which we denominate new diseases, are but the natural results of the undue indulgence of our appetites, passions and propensities, stimulated to abnormal action by the inventions, discoveries and improvements of successive periods of civilization and enlightenment. And it seems but fair to assume that in a virtuous community, the discoveries of the ages, the increase of population and the advancement of society, would all be made conducive to the diminution of human suffering, to the preservation of health, and to the length of human life, whilst in a vicious community, the opposite results would necessarily follow.

True it may be that those changes in the face of nature which are necessarily attendant upon increase of population, the removing of the forests, the clearing out of the beds of rivers and smaller streams, the draining of marshes, and the building of cities and villages, will each exert its influence upon the health of the inhabitants of any country. Nor are we disposed to deny that there may be other climatic changes resulting, if you please, from the long-continued and constant annual and diurnal revolution of the earth, and the constant attrition of its perpetually moving particles of air and water, as well as of its more subtle agents of electricity, magnetism, &c., which, in a greater or less degree, affect the health and life of man. Yet it remains to be proved that all these natural changes are not on the whole conducive to health. It remains to be proved that all or any of these combined, are capable, in any of their forms of combination, of producing disease or death. And we are, of necessity, forced back to our first position, that if disease has assumed new forms as population has increased and society advanced, it is because vice has acquired new stimulants, and the vicious appetites and propensities of man new modes of indulgence and of excitation.

Who of us can calculate the amount of nervous disease created and legitimately traceable to the discovery of alcohol, and to indulgence in its excessive use. Forms of mania, previously unknown, various neuralgic affections, as well as certain dyspeptic and dropsical and anæmic states, no doubt, have

their origin in the use, as well as in the abuse of alcoholic stimulants. The excessive excitation it produces creates pathological conditions, which, becoming permanent by continued excitations, create a new diathesis, in which disease finds a new pabulum and develops itself in forms not otherwise extant. This diathesis at length becomes transmissible from father to child and to children's children, a new generation is created from the degenerate race of the drunkard's offspring, the evil passions and propensities which before were but too highly excited, become surcharged, and in this hypertrophied condition, they come to rule the life. Reason is dethroned, appetite and passion assume the sway, and in this excited and abnormal state, appetite itself becomes a disease, to be treated like other diseases, by the appropriate use of suitably adapted and homœopathic remedies.

Nor is it to be supposed that the conditions thus created affect only the mind and the mental state. They affect also the body. Essentially material in their origin, they are material also in their developments. Important errors in practice have arisen from supposing that mental manifestations were only symptomatic of mental diseases, and from neglecting to take into the account the physical phenomena upon which the mental manifestations are, perhaps, uniformly dependent.

In no class of diseases is this more important, than in those which arise from alcoholic inebriation, closely allied to which, no doubt, are all the various forms of narcotic and other stimulants; and some greater or less remove from this, the various other forms of drug medications by which the healthy organs and tissues which compose the living organism, being excited to unhealthy or abnormal action, come at length, by long continued excitation, to take on a permanently deranged or diseased condition, giving rise not only to new chronic affections, but to new manifestations and new trains of symptoms in acute affections, thereby creating what we, perhaps not inappropriately, term new diseases.

It is my purpose in this article to give distinct expression to the idea that new diseases are, in general, the results of new forms of indulgence of appetites and passions and propensities

opposed to health, or they are the results of ignorance, of inadvertencies and exposures, which a better self-government or a more enlarged understanding would teach us to avoid.

I would also, so far as I might be able, and as facts may warrant, desire to express my dissent from the perhaps too popular idea, that disease is the result of some undiscoverable and inappreciable influence, some morbific miasm, some secret hidden power, arising we know not how, and existing we know not wherefore. And I would wish, also, to be understood in this place as giving expression to the thought, that so far as we are capable of understanding the principles of causation, disease is much more frequently the fault and the foible, rather than the misfortune of the human race.

I have endeavored in this brochure to present to your view certain principles only, in accordance with which, I think, all wise and practical discussion of this subject should proceed.

I will only add that here, as everywhere, Homœopathy takes an advanced position, teaching, as she has always taught, that the long continued use of drug medication in sensible doses, produces chronic derangement of the vital forces, destructive to health. She not only lays violent hands upon the allopathic administration of medicines, but she expresses her uncompromising hostility to every form of self-indulgence by which poisonous articles are taken into the system for their exhilarating effects, and ultimately, when the principles of Homœopathy shall be carried out in practice by its adherents and advocates, and especially by every practitioner of homœopathic medicine, Homœopathy will again become triumphant, and prove herself to be the gospel of salvation as she has already proclaimed herself the law of cure.

SKIN DISEASES.

BY RICHARD KOCH, M. D., PHILADELPHIA.

YOUR Committee on this important and practical branch of medicine, upon receiving from the Secretary the notification of his appointment, supposed the object of Reports from the various Committees to be the placing before this Society a brief and concise resumé of the latest theories, discoveries, and results of practical experience in the different branches of our art. Acting according to this construction of the duties imposed upon the Committees, I have watched the progress in dermatology carefully, and submit, herewith, to the Society, the results of my observations. I regret to be obliged to remark, however, that but very few points of importance, or good, practical hints, have been placed before the profession during the past year.

In regard to the literature on dermatology, the profession has received an important addition to the other valuable treatises on skin diseases, in Hebra's large work, translated and published by the New Sydenham Society. The author's great reputation is sufficient guarantee for the usefulness and excellence of the work.

Schurtz, Hallier and others, have made important microscopic experiments to find the true cause of the infectious character of some skin and general diseases, particularly the exanthemata. They always succeeded in finding, either in the blood and the excretions or upon the surface of the skin, parasitic fungi, which, even when removed from their usual soil, would reproduce themselves rapidly, under favorable circumstances. Thus, Hallier and Werner found the *micrococcus leptotryx*, a parasitic plant, in appearance like the *penicilium*, among the straw upon which lay a typhus patient. The same fungus, with other spores, could be collected from the skin and exhaled air of the patients suffering from that malady, in the hospital.

Salisbury's observations in measles were corroborated by Hallier. He found the *mucor mucedo* upon patients, where the skin had just peeled off after an attack of the measles. This spore propagated itself rapidly in damp straw, aud other persons who subsequently slept thereon became infected.

Underneath the peeled-off skin of scarlatina patients, other parasites, differing in microscopic appearance but little from those in measles, were found.

In chicken-pock lymph, ciliated micrococcus cells were seen by Dr. Zurn, while Hallier thinks that the fruit of the *sporidesmium stemphylium* is the carrier of infection in the real small-pox.

Dr. J. Baumgarten, of St. Louis, gives a good representation of an *achorion*—the well-known Favus sporule—in the St. Louis Medical & Surgical Journal, No. 1, January, 1868, page 27–31. This parasite may, as Hallier's experiments have shown, produce, when strewn upon healthy skin of some persons, a Herpes circinatus, instead of Favus.

There is no doubt but that, with the aid of our excellent microscopes, spores will be found in all skin and infectious diseases. These spores or their fruit are, no doubt, generally the carriers of the infectious poison, and a disease may thereby spread among a community, as well as upon the surface of an individual. Although this committee perfectly coincides with the opinion of Hahnemann and most of the other homœopathic physicians of the present age, that, whatever may be the cause of a disease, spore or not, the individual must have a predisposition in order to be affected by the cause, and that the proper homœopathic treatment is to administer such remedies as will relieve the disposition, still the writer is also convinced that we are *sometimes* justified, in order to save time and great inconvenience to our patients, to apply externally such remedies as will effectually destroy the parasite which may be the source of the evil. This course should, however, not be pursued indiscriminately, or else irreparable harm may be done.

Sulphurous and hyposulphurous acid are undoubtedly the most efficacious chemical agents in destroying the vegetable

parasites, either upon the skin and mucous membrane, or on the walls, floors, clothes and bedding.

Dr. F. Betz has brought before the profession the discovery of a new skin disease, which he calls the shaver's tetter (Rasirflechte). It usually occurs upon the first or second phalanx of the index finger, and is caused by wiping the lather which remains upon the razor, off on that part of the hand. The disease consists of very fine, slightly reddish scales, and is somewhat itchy.

Dr. H. S. Purden, of Belfast (allopathic) recommends highly the administration of arsenic in acne rosacea. The Journal of Cutaneous Medicine praises phosphorus in herpetic eruptions. The writer of these lines has found sepia, 30, rapidly to cure several cases of ringworm this spring.

The Committee, being convinced that many obscure diseases, particularly those of the mind, find their cause in imperfectly developed or suppressed skin eruptions, and that many more cures could be effected if dermatology were better understood, would respectfully recommend to the colleges of this country, that more time be devoted to the pathology and diagnosis of skin diseases than has heretofore been done.

EXTERNAL APPLICATIONS IN DISEASE.

BY M. M. WALKER, M. D., GERMANTOWN.

THESE may be water-dressings, either cold or warm, or any kind of medicinal or non-medicinal substances which through experience have proven good, or which may be under test by physicians or surgeons in different parts of the world. At present, in the "General Hospital of Vienna," after surgical operations, water-dressings composed of Natron. carbolicum one drachm to Aqua dist. one pound, are most commonly used. After bites, lacerations, or accidents from machinery, they use ice-bags to arrest and allay inflammation, and later, Acidum

carbolicum one ounce, combined with Oleum olevarum one pound, to induce healthy granulations. If they wish a more powerful medicament, they use two ounces of Acidum carbolicum.

Their experience with carbolic acid is, that it does not prevent or produce gangrene; but they use it for the purpose of inducing healthy granulations. In wounds, it acts very well, as the lint and bandages do not adhere so tightly to the torn parts, consequently less pain is caused when removed. They have found it good to inject into psoas and other abscesses.

In two cases of Carcinoma, in which it was impossible to operate, on account of their proximity to, and more or less involvment of the vessels of the neck, they injected Acidum phenylicum two grains, to Aqua distil. six drachms; using it once in five days. This caused, in both cases, an excessive destruction of the parts, almost gangrene. The first case died, the second still lives, after one month's treatment, and is getting better, the parts sloughing very much. He also had tracheotomy performed, on account of swelling of the parts, internally and externally, impeding breathing.

We see by the above practice, the "old school" make little difference in regard to their treatment of bruises, wounds, lacerations and carcinoma, while we, on the contrary, have our corresponding remedies for each of the above, and for the peculiarities of each individual case.

We use Arnica montana for bruises and contusions without abrasions, Calendula for lacerations, punctured wounds, and after surgical operations; Staphysagria, when colic sets in after an operation, where there has been no bruise; Hypericum perfoliatum for mashes of fingers, limbs and feet; Veratrum album for corresponding symptoms during collapse, after an operation. For carcinoma, we study out our case, and select a corresponding remedy.

How does the practice of our surgeons compare with that of the old school?

It shows by statistics and experience to be far superior. We lose fewer patients, and they recover sooner than under the other system.

In five cases of ovariotomy performed by a homœopathic surgeon of the West, all recovered, which shows our superiority in that operation over the old school, on both sides of the Atlantic, in which, at most, three out of five cases recover. Our after-treatment for this is applications of calendula externally, diet, &c.

For bruises of the head in children, from falls or otherwise, Arnica proves to be the best remedy. Some assure us that if applied in the 200th potency, externally as well as internally, it acts more quickly, mildly, and with less dangerous medicinal symptoms aggravating the case, thus avoiding meningitis.

Patients often come to Professor Hebra's wards, suffering with erysipelas, caused by applying arnica tincture to eczema or other skin diseases, before seeking medical advice. In these you can plainly see how far the cloth was wrapped after being saturated in the tincture, as a line of demarcation clearly defines the place of medicinal action from the adjacent and less inflamed parts. Thus showing, when wrongly or too strongly applied, it does more harm than good; and we find it the most abused remedy in our Materia Medica. Where we formerly applied arnica to burns and scalds, we now use Urtica urens, Cantharides, Oleum olevarum and Aqua calcis, or emulsions of Castile soap and olive oil, and find them much better than arnica.

Can the itch be cured without the use of external remedies?

Some have asserted that the itch-insect cannot live in a healthy and cleanly individual, and that it can be cured by internal remedies alone, by prescribing according to the symptoms of the patient. But most all use external applications. In the General Hospital of Vienna, they mostly use Professor Hebra's salve. The patient is freed from itch in from three to ten days, and by one, two, or three applications, the salve being spread all over, excepting the face and head. Derangements of the kidneys are so frequent afterward, that they teach that these are accompaniments of the disease; and we often see these or some other accompaniment that promises to injure the

health for life. One case had œdema of the whole body, hydrocele, phymosis, and rheumatism of the left arm afterward.

From what little I have seen since entering the Profession, I fully agree with Hahnemann, that most chronic diseases are dependent upon a previously suppressed external disorder, which nature, in her efforts to free the system from, brought to the surface as the proper way of eliminating it. I also think we should be very careful in regard to the external applications we use, knowing we can safely give our internal remedies.

VIII.

ANATOMY.

MICROSCOPY OF ANIMAL TISSUES.

BY JOHN E. JAMES, M. D., PHILADELPHIA.

MICROSCOPY, as a branch of scientific medical investigation, has of late years claimed more generally the attention of the profession; justly so, because to it we owe much, in giving to us comprehensive views upon many diseases, their causes, nature and effects, which previously were beyond our means to understand or effectually treat them. To its researches are we indebted for the establishment of the truth of theories of well known derangements; and for giving us proper conceptions of the functions of the various internal organs of man.

In looking around me, to find among the new developments of this collateral science, those which will interest the members of this medical fraternity, I find, in brief, the theory proclaimed by Henle, which claims two systems or distinct sets of uriniferous tubes in the kidney; one, of straight tubes with open extremities; the other, of convoluted and closed tubes. This, though generally received and supported by the majority of teachers and authors, has now been conclusively proven to be untrue. The closed system being nothing more than the coils of the only set of uriniferous tubes, often, however, dipping some distance down among the straight tubes of the pyramids. Dr. Lionel S. Beale, in his valuable new work on "Kidney Diseases and Urinary Deposits," explains the manner by which

he has positively demonstrated the existence of nerve fibres upon the convoluted portions of uriniferous tubes, of the intertubular capillaries, and of the capillaries of the malpighian bodies. They exist, also, upon the coats of the small arteries and veins in considerable numbers.

Ganglion cells are also found in the structure, in great numbers, through which these nerve fibres are found to run, connecting them together, and going from them to the peripheral parts; two or more fibres coming from each ganglion.

The kidney has long been known to be freely supplied with nerves, but never before have they been shown to go further than the vessels of the organ. Now, their accurate arrangement and distribution throughout its entire structure has been fully determined. These researches into the minute anatomy, must necessarily lead to important conclusions, not only in reference to the pathological changes induced by disease, but as well as in the physiological action of the healthy kidney. Dr. Beale has confirmed Virchow's view of a collateral circulation in the same organ, which is through the vasa recta; the blood reaching the veins of the capillaries of the pyramids, without passing into the malpighian bodies. The demonstration of numerous circular muscular fibre-cells, so characteristic of arterial walls, upon many of the straight vessels which run parallel with the tubes in the pyramids, prove that they are, in fact, small arteries. This clears a hitherto disputed point, and explains how blood, by being diverted into the vasa recta, may be returned to the veins very quickly, without giving off any of its excrementitious matter.

From a series of observations made upon the bladder, by John Kisselen, under guidance of Professor Chryonszezewsky, of University of Charkow, it was found that the nerves of the submucous tissue send off small branches, or more frequently, individual filaments, which pass through the mucous membrane in various directions, and end in pear-shaped nucleated structures, either directly or after first forming a network. These are shown to be of nervous nature by being colored, in common with the nerve-filaments, dark brown or black by the terchloride of gold, while the cellular tissue and the epithelial cells are

not colored at all; and also by isolated preparations, by which their actual connection with the axis-cylinder of nerves can be demonstrated. The axis-cylinder often was found to fork before uniting with this terminal body. The nerve coverings had almost always disappeared before reaching the epithelial layer.

A. Ivanoff, of Vienna, claims to have discovered lymphatic canals which cover the smaller blood-vessels of the vitreous humor of the frog, similar to those of the brain, thymus, etc. By a series of observations made both with cinnabar and pulverized graphite, he detected ramifications of this canal, connecting different vessels; in fact, a complete lace-work, ramifying even into the substance of the vitreous humor itself. By producing inflammation in a hyaloid membrane thus colored, you can always see the formation of new vessels to take place at a point where an offshoot of the lymph canal already exists. An infundibular projection of the capillary wall first forms, and this gradually lengthens, until another vessel or projection of a vessel is reached.

The great advantages to be derived from these and other discoveries in minute anatomy, are beyond my province here to relate.

A word in reference to microscopy as especially advantageous to us in our provings of drugs.

While its use in the fields of anatomy, physiology and pathology, has been crowned with such glorious success, cannot its usefulness be still more enhanced by applying it, in addition to these, in our provings of medicines. The idea of the usefulness of the instrument in this direction, has long been apparent to me. An examination, microscopically, of the blood, secretions, excretions, &c., from time to time during the proving, more especially of the low attenuations, would certainly add more certainty to many of the symptoms obtained.

There is, doubtless in every community, one or more physicians who are accustomed to the use of the instrument. Thus it is within the reach of every one to make a thorough proving of every remedy, with symptoms that admit of no doubts as to their genuineness.

It seems to me, that if we do not employ every means that knowledge and science place within our reach, we do ourselves great injustice, and will continue to have worthless symptoms passed upon us for every medicine—which might be avoided. This suggestion is thrown out with a hope of enhancing the practical value of our Materia Medica.

IX.

PHYSIOLOGY.

PHYSIOLOGY OF VITAL ORGANS.

BY W. T. URIE, M. D., CHESTERTOWN, MD.

PHYSIOLOGY is that science which treats of the actions or functions peculiar to living, organized beings, during the continuance of health or normal life. Nothing is considered alive that is not undergoing some change, however slow and imperceptible it may be to the senses.

This may be evinced by change in substance, by growth of organic structure, or by movements that cannot be attributed to any physical cause. Modern physiological researches have clearly ascertained that each elementary part of the fabric has its own independent power of development, and its term of existence; that it passes through its own sequence of vital action, in virtue of the endowments received from the tissues involved and the influence to which it is subjected during the progress of existence.

But in every living structure of a complex nature, while we witness a variety of movements produced by the exercise of its different parts, we at the same time perceive that there is a certain degree of harmony existing, by which they are made to unite in one grand chain, to maintain the life of the organism as a whole.

Again, if we consider them separately, we will perceive that each consists of a set of actions, differing among themselves, yet concur in effecting some positive and determined purpose, which we denominate functions.

We now come to the consideration of the functions or physiological action of those organs of the human system which we denominate vital or self-existing; those organs which exist and carry on their normal functions independent of any power or volition on our part, which are in themselves the life and support of the system, and are governed by a power, the nature of which is unknown to man, except in name. These are the brain, heart, and lungs.

The brain is a collective term signifying those parts of the nervous system, independent of the nerves themselves, which are contained within the cranium. The cerebrum, cerebellum, and the medulla oblongata, constitute the nerve centres.

The functions of the brain and nerves are, sensation, thought, and volition.

The faculties of sensation, thought, and will belong to the brain, and especially to the cerebrum, for the following reasons:

1st. Because this portion of the nervous centres is superadded to the cranio-spinal axis in the greatest bulk and most complicated form in man, and after him, in those animals of an inferior race which show the greatest amount of reason.

2d. We have seen that in the lower order of vertebræ, all manifestations of intelligence cease upon the gentle and gradual removal of the cerebrum and cerebellum, and yet they live for a long time after this mutilation.

But the great difficulty lies in the circumstance, that the structure of the nervous system has no perceptible nor understood subservience to its functions. Neither do we discern, in the mechanism of this system, that adaptation of means to the end which is so conspicuous in many other parts of the body, and, although such adaptation doubtless exists, we are unable to trace the reason and the manner of its interruption.

Some special power or office is assigned to each one of the various and intricate parts which go to make up the brain and nervous system; yet we can seldom put our finger upon any portion of the nervous matter, and say, here resides the influence that governs this or that function.

Although we acknowledge the cerebrum to be the instrument of all those physical operations which we include under

the general term intellectual, and in part, emotional states, yet we must deny that it is also endowed with consciousness, if the connection of the cerebral hemispheres with the sensorial ganglia be anatomically the same as those existing between the centres and the retina, it can scarcely be deemed unlikely that the sensorial centres are the seat of consciousness, not merely on account of the impressions transmitted to them by the nerves of the external senses, but also on account of those brought to them by the nerves of internal senses.

And although it may, at first, seem strange that the cerebrum should require another organ to make us conscious of its actions, yet we have the knowledge that the eye does not give us visual consciousness, nor the ear auditory consciousness, unless they are connected by sensorial ganglia.

It is better and simpler to accept the doctrine of a common centre for sensational as well as mental consciousness, than to consider the two centres as separate and distinct. This brings us to a consideration of the mind and its operations.

That the mind of man is governed and influenced by external impressions made upon the senses, the whole theory and practice of education fully demonstrates. By this means every man becomes the director of his own conduct, and the arbiter of his destiny, and until that is accomplished the character of every individual is made for him and not by him.

Take, for instance, a being entirely governed by the lower passions and instincts, whose higher moral sense has been overwhelmed by the degrading influences which surround him, who has never exercised the least self-restraint, never heard of God, of the value of his soul, of immortality, such a being, one of those outcasts of which all our large cities are unhappily too productive, can be no more morally responsible for his actions, than the lunatic who has lost whatever self-control he once possessed, and whose moral sense has been altogether perverted by bodily disorder.

But let him be subjected to a high moral training, let patient kindness continually appeal to the highest motive he is capable of understanding, progressively raise his moral standard, awake within him the dormant susceptibilities that will enable him to

feel that he has a conscience and a duty, that there is a Father who watches over his welfare, and a hereafter of rewards and punishments, that he has a power within himself of controlling and directing his thoughts and actions,—then and not till then does he become responsible, either morally or religiously,—then only does he rise from the level of the brute, and show that he was made in the image of his Maker.

Other points of relation might be investigated, but sufficient has been said to conclude that the connection between the mind and body is such, that each has in virtue of its constitution a determinate relation to the other, and that the action of our minds, in so far as they are carried out, without any interference from our wills, may be considered as the functions of the cerebrum.

Passing to the next division of my subject, we come to the heart, which is, in an eminent degree, a vital organ; it has no rest, no night, nor Sabbath, nor holiday; in sickness, in health, sleeping or waking, it gives the same regular beat; it has no rest for it needs none; this is the miracle of its existence.

Being the central organ of circulation, and undoubtedly the most important as well as the most vital, it is situated in the thorax, between two layers of pleura which constitute the mediastinum, and is enclosed in its proper membrane, its base being directed upwards and backwards towards the right shoulder, the apex forwards and to the left, pointing to the space between the fifth and sixth rib, about two inches from the sternum; it is in character an involuntary muscle, and is divided into four chambers, two auricles and two ventricles.

This brings us to the circulation of the blood, which, in the adult, is accomplished as follows:—The venous blood being brought by the superior and inferior vena cava and coronary vein is emptied into the right auricle during its diastole, part of it flows on into the right ventricle during the earlier portion of its diastole; but the auricle, being filled before the ventricle, contracts and discharges its contents through the tricuspid valves into the ventricle which is thus completely distended.

The reflux of blood into the veins during the auricular systole is prevented by the contraction of their walls and the valves

with which they are furnished; but these valves are so formed as not to close accurately, especially when the tubes are distended, so that a small amount of reflux takes place; this is increased when there is any obstruction to the pulmonary circulation.

While the right ventricle is contracting upon the blood entered, the carneæ columnæ, by contracting their walls, put the chordæ tendinæ upon the stretch, this draws the flaps of the tricuspid valves into the auriculo ventricular axis. The blood then gets behind them, and being compressed by the contraction of the ventricle, forces the flaps together so as to close the orifice, but they do not fall suddenly upon each other, as the semilunar valves, because they are restrained by the chordæ tendinæ, therefore there is no sound produced by their closure.

The blood is expelled by the ventricular systole into the pulmonary artery, which it distends, passing freely through its semilunar valves, after circulating through the lungs, returns as arterial blood by the pulmonary veins to the left auricle, whence it passes through the mitral valves into the left ventricle and then into the aorta through its semilunar valves, to be distributed to the brain and system generally. The means by which this is accomplished has never been fully settled by physiologists, some contend that the heart is endowed in an eminent degree with the property of irritability, by which it has the power of being easily excited to movements of contraction alternating with relaxation.

It was supposed that this irritability was dependent upon the cerebro-spinal system, but this has been demonstrated not to be the case, for when the organ has been removed from the body it not only had the power of contracting, when irritated, but communicates the power to all its parts.

Again, if the circulation can be kept up by artificial means, its action will continue for a long time after the brain and spinal cord have been removed and animal life is extinct.

It is doubtful whether the stimulus of the blood, when brought into contact with the lining membrane of the heart, can produce the continual contraction and relaxation. But it is evident that the movements of the heart may be increased by ex-

ternal impressions, such as fear; or a severe blow sufficient to produce lesion of a member; these impressions are first made upon the efferent branches of the sympathetic nerve, which being transmitted to the brain are reflected upon the heart and system generally. If the action of the heart is maintained, as some suppose, by nerve force, it must be by the numerous ganglia, forming a part of the sympathetic, which are scattered through its substance as centres of reflex action; this cannot be, for every reflex action must be sustained by a corresponding stimulus at regular intervals; the great difficulty appears to be in accounting for the rhythmical contraction after all stimulus is removed.

That the heart is an involuntary muscle, and endowed with all the vital properties of its muscular tissue, cannot be denied, and so long as it retains its integrity, "*ceteris paribus*," just so long will contractions and relaxations take place as manifestations of its vital activity.

We have demonstrated that it is not dependent on nerve force, nor on the stimuli alone from the blood, nor on its peculiar irritability, therefore we must conclude that the rhythmical contraction and relaxation of the heart is maintained and carried on by the vital principal with which it is endowed by the Creator, the nature of which we do not know, nor is it in our power to investigate.

The nutritive fluid in its circulation through the capillaries of the system, undergoes great alterations, both in its physical constitution and its vital properties. It gives up to the tissues with which it is brought in contact, some of its most important elements, and is, at the same time, made the vehicle of removal from these tissues, of ingredients which are no longer in a state of combination to fit them for their office in the animal economy.

Of all the injurious ingredients, carbonic acid is most abundantly introduced into the nutritive fluid, and is also the most destructive in its effects if allowed to accumulate. The elimination of it is effected in such a manner as to render it subservient to the introduction of oxygen, which is required for all the most active manifestations of vital power, and it is in these two processes conjointly, and not in either alone, that the functions of respiration consist.

We are naturally led to inquire from what source the carbonic acid is produced in the living body, and the cause of the demand for oxygen. The vital activity of the organism involves a continual change; "those who live the fastest, die the soonest and pass most readily into decay."

The performance of the organic functions, in effecting nutrition, is a constant source of disintegration, the chief product of the decay of the tissue, consequent upon the loss of the vitality, is one of the means of producing carbonic acid, but this is not the only one, nor the means by which the greatest amount is obtained. The muscular and nerve forces, in the act of reproduction, cause a change to be made in their substance, during which a large amount of oxygen is absorbed from the atmosphere, the quantity being governed by the force of respiration.

There is a small amount of carbonic acid generated by the decay of substances taken into the system as food; this varies very much in different kinds of animals, and in various states of the same animal; those of active habits generate very little, while in those of an opposite character just the contrary is produced.

The question that next occurs to us, is, how is this carbonic acid which is produced by the system, and acknowledged to be so fatal, properly eliminated and its place supplied by oxygen from the atmosphere?

The means by which these functions are performed brings us to the third division of our subject, the lungs, their form, structure, and the means by which they are kept in continual motion.

They are two conical organs, one at each side of the chest, embracing the heart, and separated by that organ and by a partition, the mediastinum.

They are composed of ramifications of the bronchial tubes which terminate in inter-cellular passages and air cells, of the ramifications of the arteries, veins, lymphatics and nerves, which being united by areola tissue constitute the parenchyma—this is found to consist of lobules which are again divided into smaller ones, each provided with a tube, artery and vein—separated from each other by areolar membrane, divided from subserous tissue, so that the entire lung is composed of these

lobules, thus separated, and connected, and held together by the pleura.

When the blood is forced by the left ventricle through the pulmonary artery into the lung, it comes in contact with a membrane which holds in solution oxygen on the one side and carbonic acid on the other, the absorption of oxygen from the air, and the elimination of carbonic acid from the blood is supposed to take place on the same principal as the diffusion of gases, when two gases of different specific gravities, but not disposed to unite, are separated by a porous septum, each will diffuse itself through the other. The amount being to that of the other as the square roots of their specific gravities. It might be argued that the septum is not exposed to gases on both sides, for while one is in contact with the air, the other is in contact with a liquid holding a gas in solution, and the volume absorbed by a liquid depends upon the pressure remaining above after the absorption has taken place.

So that when the blood enters the lungs, not saturated with oxygen, it is able to absorb a large amount, on account of the oxygen contained in the air cells being great. So we may conclude that the passage of each gas is independent of the other, but this is not the case with chemicals, for the amount of force used must be in proportion to the permeability which different membranes possess for different gases.

The contraction and relaxation of the lungs is to assist in the absorption and elimination of these substances, or in short, the means by which respiration is accomplished by the diaphragm, since it is the muscle of respiration.

But this is not the only means, for the pectoral and intercostal muscles, together with the numerous nerve filaments derived from the different ganglia of the sympathetic, must possess some power to perform the great and grand functions of nature.

But the true cause, outside of muscular and nerve force, together with the stimulus derived from the blood, is, like that of the heart and brain, yet unknown, and must be referred to a higher tribunal for solution, or we must be permitted to conclude, that, since everything is of divine origin, so must this great and obscure power be the "vital principle."

PHYSIOLOGY OF THE NERVOUS SYSTEM.

BY M. FRIESE, M. D., OF HARRISBURG.

THE nervous system produces a vast and varied array of phenomena. Thought, sensation, and motion, are alike the products of its manifestations. I shall not attempt in this paper to explore the entire field of nerve acts, nor even to pursue any one of them to its utmost boundaries. I propose simply to cast a few reflections upon some phenomena in which the nervous system is concerned, and to examine briefly into the subject of "nervous or mechanic force." Like every other part of the human organism, the nervous system is constructed with reference to the office to be performed. Two kinds of matter enter into its composition—the white and gray. The former constitutes all the nerve trunks and communicating media, while the latter makes up the nerve centres, or ganglia.

The function ascribed to the white matter, is that of a conducting agent, and the office of the gray or cineritious substance is supposed to be that of a reservoir for nerve force, with some power to originate motion, sensation, or any other act peculiar to the nervous system. These two substances are proportionately distributed throughout the cerebro spinal and sympathetic nervous systems. It is reasonable to suppose, therefore, that both are necessary to the performance of any one or all of the nerve acts. From this arrangement of nerve matter we may reasonably infer, that all the phenomena presented by the nervous system, are produced through one general principle of action,—first, sensation; then motion as a necessary and inevitable sequence. A thought is the sequence of an impression made upon the brain through some of the special senses, or it may be through the spinal sensitive nerves —or to be still more metaphysical, it may be impressed by the soul or immaterial part of man. If the thought is sufficiently intense, the result may be articulation or motion. The whole

phenomenon may then properly be called an excito-motor act; an impression is felt, and motion is the result. Thoughts may be so intense as to become painful—for instance, excessive joy, grief, remorse, &c. I think that all thoughts are sufficiently intense to be felt. But I go on to other nerve acts. I *will* to move my arm, and I move it. This is called a voluntary act —an act of volition. I think it would be altogether proper to call it an excito-motor act, since it is produced by the same philosophy which obtains in reflex-action. It begins with an impression, and ends with motion. Physiologists apply the term excito-motor, only to the reflex action of the spinal cord; —and this because it is supposed that the will is not concerned in the act. I can see no good reason why there should be made this difference in naming these nerve acts. If it be true, that all nervous acts require some exciting cause, and produce motion in some shape or form, why not use one term to express the action, and thus simplify the study of physiology. The sympathètic nervous system, we have good reason to believe, is governed by the same general principle as all other parts of the nervous mechanism. Wherever there are nerves and ganglia, we may look for excito-motor acts. Finally, I wish to say plainly, that I prefer the term *excito-motor* for all the nerve acts without any exception. In addressing myself to the second division of my subject—that of "nervous or mechanic force," I shall need your magnanimity more than your criticisms. Than this, there is perhaps not a more difficult subject in philosophy. Materialism and immaterialism have to be blended in such manner as to avoid the reproach of the one, and the incomprehensibility of the other. I may err in the direction of simplification, but I have the consolation to know that I have many companions in error at the other extreme. I refer to those who labor strenuously to throw as much mist as possible upon every subject they consider. "Nervous or mechanic force" is the name given to the motive power of the nervous system, by those who consider it as being different from organic or vital force. Dr. J. Cheston Morris, translator of Lehmann's Chemical Physiology, says that "mechanic nerve force is to the animal organism, what steam is to

the locomotive," which is a very good comparison. But he goes on to say that "nerve force has been shown to be limited to an apparatus. Actions or phenomena requiring an organ or apparatus, are, and must be functional. Nerve force is consequently a function or office of the organs and apparatus on which it depends—the spinal dynamic apparatus. The apparatus itself is constructed by the formative organic actions directed and maintained by organic or vital force." From this statement I propose to dissent. In the first place, I do not believe that a function is something which can be separated from an organ or apparatus in action. For example, the function of the auditory nerve is to take cognizance of sound; but it would be bad philosophy to say that the vibration of atmosphere which impresses this nerve, is the function of hearing. The steam which drives a locomotive is one thing, and the engine itself is another. Next, as to the difference between nerve force and organic or vital force, Dr. Morris says, that organic force, on account of its formative power and comparative independence of an apparatus, is different from nerve force—that because the "apparatus itself (the nervous system) is constructed by the formative organic actions directed and maintained by organic or vital force," there must be another power to keep it in operation. The force which creates is supposed to be insufficient to maintain the organism. Suppose then, we stop the organic process awhile, and see whether this mechanic influence will be able to carry on the functions of the nervous system unaided. I think there would result a case of complete paralysis of this important mechanism. Again, let us try to carry on the nervous functions by means of the organic or vital force alone. Take the nervous system in cell form, and pursue its development until it is completed. Is it now necessary to hitch on another force, not created by, nor in any way connected with the formative force, in order to secure action in the nerves? Or is it not now more plausible that if the organic force is continued for the maintainance of the structure formed, that action will be the result, and that too by virtue of the formative power?

It is not denied that there is mechanical action as well as

chemical in the living organism, but these forces are created and maintained by the organic power, as well as the mechanism itself. It is safe, therefore, to conclude with Oken, Klenke, Lamarck and others, that the true motive power of the nervous system is found in organic or vital force.

Materialism claims that because we can explain the various phenomena around us upon undisputed philosophical grounds, that there is no Creator of the universe, all things having existed from eternity in a protean form, and having assumed the shapes in which we now see them, through powers and forces created by the constant motion of original particles of matter. I regard the objections to an all controlling and prime moving *vis vita* in the human organism, as being materialistic in their tendency, and derogatory to true philosophy. We are not only "fearfully and wonderfully made." but the power which keeps in constant operation during the continuance of life, all the organs of the body, is both a wonder and mystery. It is not too much to believe that the real motive power of the nervous system resides in a substance which is too subtle for detection, except through its visible effects. It may be a veritable substance, notwithstanding its apparently immaterial nature. The atmosphere cannot readily be seen, only felt—yet we believe it to be a substance. There are still other substances which we can neither see nor feel, nor detect by any test whatever, which we readily admit into our list of refined substances or materials. In the world of disease, for example, we see powerful effects from agents which are two subtle for detection by all known expedients; still we believe that they exist, and that they may be material in their nature.

There seems to be a regular gradation in the quality of matter, from the crudest to the most refined, and while it must be admitted that there is more or less of reciprocal action existing between the different grades, it is beyond dispute, that in the larger number of instances, the latter controls the former.

If it be true that the most deadly diseases are produced by extremely subtle influences, and that inanimate nature is often powerfully convulsed by equally obscure causes, we may reasonably ascribe the motive power of the nervous system to an

influence as subtle as that of organic or vital force. We may even go farther, and say that every phenomenon of the living human organism has its origin in that plastic influence which gives form and extension to the body. Hence, nerve force, so called, cannot be a mechanic force independent of the organic power. We may ask the question, are diseases produced by a derangement of this organic or nerve force, or by an abnormal condition of the mechanism of the body, or by both abnormities? I would say that both the mechanism and the force which keeps it in operation, may be at fault. But it is generally conceded that most diseases are produced by a derangement of the "vital forces" of the system. A very small proportion of cases are those where some part of the mechanism has been injured by traumatic causes, or where some organ or avenue has been obstructed by physical influences of various kinds. The remedies in these conditions are easily found, and applied. Repair the injuries—remove the causes. It is in those cases where no visible causes exist, nor any mechanical injuries can be detected that we must look for derangement of the nervous or vital force. We must here appeal to a different arbiter, and hence our means of cure must also be different. The wonderful effects of the potentized homœopathic remedy, can only be explained by its action upon this subtle "causa occasionalis" of disease. The pathology, or rather etiology of homœopathicians must consequently differ from the allopathic school—the latter viewing disease and treating it, as a derangement of the mechanism alone. It is true that in all cases of disease there is a disturbance of the material organism, and that the symptoms produced by such disturbance, are for the most part accounted the disease itself; but the fact that disease will oftentimes continue when all obstructions and hindrances have been removed, indicates that there must be a derangement of the vital forces, which needs correction. These forces can only be reached by agents which are more or less refined and penetrating. It may be remarked with reference to the doctrine of vital or nerve force, that the soul or immaterial part of man, acting upon the material organism, may of itself, produce all the phenomena of life—that there need not neces-

sarily be an intervening power. But this would leave the brute creation without any principle of vivification. There is evidently a force in the *cell*, before there is any body, and consequently any soul which continues to operate after the organism is completed by it, is an all-pervading and all-controlling influence, subject only to the moral dictates of the soul. This force continues in operation during life, and may therefore properly be termed "vital force." In the inorganic world we observe forces in constant operation for the maintainance of motion and order. The heavenly bodies perform their respective revolutions by virtue of laws and forces instituted when they were first hurled into space by the fiat of the Creator himself. They are not propelled as we are obliged to propel machinery constructed by us. So with the animal organism. It is constructed and maintained by infinite wisdom and power, but through the medium of principles and laws themselves begotten of Divinity. Concerning the true nature of the soul, and how it acts upon matter, we are still ignorant—nor is it probable that we will ever know more of it while surrounded by "this mortal coil." When this "mortal shall have put on immortality, and this corruptible, incorruption," then we may know "even as we are known." My subject has led me into the mysteries of psychology, from which there is no escape through the powers of reason. I leave it with you in this unfinished state, hoping that some practical good may result from the same. Dr. John Mason Good says, that "it is one part of science, and not the least important, though the lowest and most elementary, to become acquainted with the nature and extent of our ignorance upon whatever subject we propose to investigate." Yet I would not go so far in the direction of immaterialism, as to believe that everything we see, is imaginary—that all things are unreal and visionary. I have unbounded faith in human reason and understanding, believing that our senses, like every other created thing or principle, emanates from the same omniscient source,
not be defective:—

> "Who holds that naught is known, denies
> "E'en this, thus owning that he nothing k

"As, in a building, if the first lines err,
"If aught impedes the plummet, or the rule
"From its just angles deviate but a hair,
"The total edifice must rise untrue,
"Recumbent, curv'd, o'erhanging, void of grace,
"Tumbling, or tumbled from this first defect.
"So must all reason prove unsound, deduc'd
"From things created, if the senses err."

X.

PATHOLOGY.

PRACTICAL THERAPEUTIC HINTS.

BY C. G. RAUE, M. D., PHILADELPHIA.

In looking through medical literature, both homœopathic and allopathic, we find a large number of remedial agents suggested for curing all kinds of disease. We may as well call these suggestions therapeutic hints; even *practical* therapeutic hints; because, for most of them, practical experience is claimed as godfather. It might, however, be worth while to look more discriminatingly at these various suggestions, and we will then find that they belong to different families.

To the oldest that are known, belong those which were founded upon the *signatura rerum.* Long before anything like medical science existed, cures were made; and the remedies were generally chosen according to the similarity, either real or supposed, which they had to diseased parts. In this connection I may mention the use of Spongia in goitre; of Ferrum in impotence; of Euphrasia in eye diseases; of those plants which yield a yellow juice in liver complaints; of Mercury in gonorrhœa. Homœopathy in its embryonic state is here presented.

Next we come to a very large class of suggestions which were strictly adhered to by many medical men, and often for a considerable length of time, simply, because the renowned Drs. Tom, Dick, or Harry had made them. They even exercised a tyrannical influence, like fashion, over the whole brotherhood of Æsculapians. I need remind you only of blood-letting, cod-liver oil, and a host of complicated prescriptions, most of which have, happily, become obsolete.

Again, we find cases reported in medical journals, in which the practitioner, to his great delight, had finally worried through and the patient did not die. But whether this resulted *because* or *in spite of* treatment, is another question, as it is difficult to see how and why such a number of the most dissimilar medicines, given in quick succession, or even in alternation, could have resulted so happily; and still more difficult to determine *which* of them all produced the principal curative result. I must confess that I have never learned much from such reports; but they have taught me this: never to offend my brother physicians by publishing cases which, luckily, I had worried through.

Since physiology and pathology have been more scientifically investigated by chemical analysis and microscopic research, a new order of therapeutic suggestions have come into view. Finding, for instance, that in some cases, as Chlorosis, iron was wanting in the blood, it was naturally suggested that the system should be supplied with iron; and in cases in which a deficiency of calcareous substance was supposed to be the cause of trouble, the patients were to be treated with calcareous substances. This sounds well and plausible, and seems almost as logical as if we said: if one is starving give him something to eat. It does not, however, work nearly so well. Such patients may not need an *extra supply* of these deficient ingredients; the food which they take may not differ from that which affords to others a sufficiency of iron or lime. The fault lies not in an insufficient supply, but in an inefficient assimilation of these substances; and, therefore, an extra supply cannot better the trouble, especially if it be given in crude form. For we know that the human organism, like that of the higher classes of animals, is not capable of assimilating inorganic matter. These suggestions are therefore not quite as logical as they appear at first sight.

We now come to therapeutic hints that are founded upon the similarity of symptoms of the diseased organism to those of proved remedial agents. And be it known, that since the inauguration of this principle, there has been wrought wondrous changes in the healing art; and it has been done in an in-

telligent, positive way, which can always be followed up by new comers; thus differing from all the other suggestions referred to. Nevertheless, it might be well to discriminate between the multifarious suggestions which have been made upon this ground. For in almost any case of cure, the question might be raised; is it the remedy administered that has wrought the change for the better? This indeed might be in many cases a question of great difficulty to answer positively. For no matter how much we may be inclined to attribute favorable changes to the remedy, we ought ever to bear in mind that *post hoc* does not always mean *propter hoc*. No doubt each one of us has made the observation, that certain symptoms which seemingly yielded promptly to the application of a certain remedy, at another time disappear of their own accord just as readily. This is more frequently observed in acute forms of disease. Now then, what does a suggestion like this, based upon such a fact, amount to? What is it worth? Exactly as much as this: give blank powders. Or rather it is not worth that much, because there you fill your pockets with pebbles, thinking they are golden grains; whilst here you know positively what you have, and besides, you do not run the risk of doing any positive harm.

Thus we are necessarily driven to further inquiry, in order to learn how to distinguish between valuable and worthless therapeutic hints. We will have to combine with our knowledge of similars, a knowledge of pathology. Pathology teaches that acute forms of diseases run a certain more or less defined course. If in treating such a disease we succeed in getting the patient well, at a time when the morbid process would have been at an end anyhow, we surely ought not to deduct any therapeutic hints from such a case. For although we may say that the patient got well under our treatment, we have no right to say that he got well in consequence of it. It is, however, a different thing, if we succeed in cutting the natural process of a disease short. In such a case, we are entitled to make the assertion that the medicine and the mode of its application did something in the case. For example: the average duration of pneumonia is about twenty-five days. If now, as is set forth

by Eidherr, of Vienna, this average time can be brought down to nineteen days by the use of the sixth potency of the appropriate remedies; to fourteen days by the use of the fifteenth potency; and to eleven days by the use of the thirtieth potency; we surely gain by these observations valuable therapeutic hints. And I may assume still farther, that each of us has had cases of pneumonia which did not last even that length of time, if treated well from the commencement; for pneumonia may be arrested in any of its stages, therefore also in its first stage, say by Aconite, Bryonia, Rhus-tox., and other medicines, if selected with care and according to the requirements of individual cases; or by Sulphur when exudation begins to take place, which we may recognize by the crepitation sound which is necessarily produced during inspiration. Such observations, based upon an exact knowledge of pathological processes and their natural duration, constitute a series of the most valuable therapeutic hints; instances of which may easily be drawn from the observations made on the treatment of scarlet fever, measles, small pox, &c.

Another point which presents itself for our consideration, in this respect, and which is closely allied with the knowledge of the pathological processes of acute diseases is, the observation of critical days. The existence of these days has been known and acknowledged since the time of Hippocrates. It is but lately, however, that an explanatory effort has been made in regard to their nature by von Grauvogle. He contends that the aggravations of the disease which generally take place on these days, are but the normal oscillations between assimilation and waste within the human organism, to which it is subject all the time. During a perfect state of health these fluctuations are not perceivable. When, however, in disease, on the third, fifth, seventh, thirteenth, twenty-first, and thirty-fifth days, a greater amount of losses set in in the form of excretions, such as sweat, flow of urine, diarrhœa, &c., it seems natural that these losses should beeome more marked, more conspicuous, inasmuch as they are additions to the already existing symptoms; and as they are frequently followed either by a decided improvement or an aggravation of the disease, or even by the

death of the patient, we are accustomed to say that on such days there has been a *crisis*.

Let us now consider what we may learn as regards therapeutic hints, by directing our attention to these critical days. In the first place, we have all observed that in really successfully treated cases, we do not observe anything like a crisis; and this is no doubt the reason why we find in homœopathic literature much less said about critical days and crises than in allopathic reports. In such cases, the normal state of things is restored before a crisis can have developed itself. I may mention, as prominent instances of this fact, the arresting of pneumonia in its first stage, or of typhus in its incipiency. This brings us back to a former point, *viz:* the cutting short of the natural process of a disease, which gives us an undoubted right to attribute to the employed remedy a curative effect; and observations made thereon are of real therapeutic value. If, however, we find that under our treatment the disease goes on and arrives at its usual crisis, we have no right to attribute the final success to the remedies employed; as this result might have taken place without any medicine. The expectant method of the advanced old school has proved this many a time; and therapeutic hints based upon such cases are therefore of little value.

Again, it is also a fact that the critical days become extinguished by improper medication, because the employed poisonous means not only disturb the natural development of the organism, but also exhaust its powers (at least for a time) to such an extent as to make a crisis impossible. But even in such cases, outraged nature may at last rally, and a good constitution may come out triumphant even here. But dare we draw from such cases any therapeutic hints? If, as has been already stated, the regular *occurrence* of a crisis makes it a rather doubtful point as to the efficacy of the remedy resorted to, its *non-occurrence* certainly does not speak more favorably for the means employed. It may be, however, that these means have nothing to do with the constantly increasing severity of the disease. We all have seen cases which would not get well under the most judicious treatment. Of such cases, however,

I do not speak. The most that could be learned from them is this: if remedies which are well selected and which are well affiliated to the case, do not exercise any influence upon the progress of the disease, we may generally consider it to be of a fatal nature. I speak here of curable cases which, instead of getting better, grow continually worse, under a certain medication. This necessarily would lead us to the supposition that the treatment must be at fault; that it must be either the quality or the quantity of the means employed, or both together, which cause these aggravations and the annihilation of the critical days; or, in other words, which add an artificial disease to the naturally existing one. A thoughtful physician will at once heed these hints of nature; and as such grave and lasting aggravations can be produced only by crude doses, he will imitate Hahnemann in this respect, and try finer preparations, after a due reconsideration of the whole case.

I shall now speak of therapeutic hints, which may find an application to chronic cases. I may here mention a subject which stands in close connection with the subject of critical days. In chronic cases we frequently find no perceptibly favorable change following the administration of the curative agent, until after a certain lapse of time. It even occurs that in the first forty-eight hours following the administration of the remedy, there is a decided aggravation in the direction of the medicinal power of the remedy. The third day, however, may bring the case back to the *status quo*, and now it may linger on, changing little until after the seventh day, when a more decided improvement takes place; and this improvement may continue until health is restored, or may last only until the thirteenth, fifteenth, twenty-first, or thirty-fifth day, when another dose of the same remedy may set nature again to work; thus showing that critical days exercise their influence even in chronic diseases. The therapeutic hints naturally deduced from these observations are: that a remedy which has been carefully selected, in a chronic case, should be allowed to act undisturbed for at least eight days. If there be no change for the better up to this time, it is probably not the right remedy or the right potency. If, however, it does produce a favorable

change in that time, its action ought not to be interfered with by repetition or change, until the symptoms require such repetition or change. Speedy changes in chronic cases, although seemingly favorable, are mostly of short duration; they take place, so to speak, only on the surface of the disease, leaving the centre of the disorder untouched; they are, in fact, mere palliations.

Lastly, I shall make some remarks on the numerous and mostly valuable practical hints, the special indications of certain remedies, and which are known under the name of *characteristic symptoms*. They are, indeed, identical with the Homœopathic Materia Medica, and were first introduced by Hahnemann in his remarks upon the several provings; a majority of which have not yet found their equals. I need remind you only of his masterly remarks on Nux vom., Ignatia, Pulsatilla, Bryonia, and that everlasting fountain of therapeutic hints the *anti-psoric* remedies; a fountain from which we have been drawing constantly, and whose depth we have not yet fathomed. By close observation, a number of his best followers in all countries have augmented these riches, and in our country this has especially been done by the Philadelphia school.

The great value of these characteristic symptoms in the treatment of disease is not doubted. I shall merely try to define their proper use. In the first place, we should remember that there is scarcely one of these characteristics which belongs exclusively to a single remedy; or if there be within the scope of *our* knowledge, it is no proof that others may not have observed it in other remedies, or that in the very next proving of a remedy it may not be brought out very strongly. Take for example the well know characteristic symptom of Arsenicum: "*he drinks very often, but little at a time.*" This symptom we find also in Crocus, Helleborous, Hyoscyamus, Nitrum, Pulsatilla, and Stramonium. Is it now advisible to select a remedy upon the ground of such a symptom only? Are not the chances of missing quite apparent? The cautious practitioner will not do it, just as the cautious diagnostician will not make a diagnosis upon the ground of one symptom only, if ever so acteristic. While in some cases it may point directly

remedy, it surely cannot do so in every case; as it is not rational to suppose that the whole sphere of action of a remedial agent, which is oftentimes quite extensive and complex, should find its unerring expression and indication in one symptom.

In the second place we ought to remember that such a characteristic symptom may not be the leading symptom of the case. "He drinks very often, but little at a time," may be a symptom of very different febrile conditions; conditions which may present symptoms of much greater weight for the selection of the remedy in a special case. Should we now, in favor of such a symptom, discard the others? If we do, would we not act like those whom we disregard because they prescribe merely for names?

In view of all this, the question naturally is asked—what then are characteristic symptoms good for? They aid materially in the selection of a remedy, inasmuch as they define the circle of remedies out of which we have to select. If used in this limited sense, characteristic symptoms are undoubtedly very valuable therapeutic hints.

XI.

NECROLOGICAL REPORT.

BY DRS. BURGHER AND M'CLELLAND.

JAMES A. HERRON, M. D., died at Pittsburgh, Nov. 15th, 1868, in the thirty-fifth year of his age. He was born in Pittsburgh in the year 1834, studied medicine with J. P. Dake, M. D., and graduated in the "Homœopathic Medical College of Pennsylvania, in 1856. Settling in his native city he practiced his profession, (with one or two exceptions in which his attention was turned for a season to other pursuits, during one of which he served as captain of a volunteer cavalry company in the Union army) up to the time of his brief illness.

Dr. Herron was a man of considerable attainments and natural ability, and took a special interest in the practice of surgery.

He was one of the original members of the State Society, but has not, to our knowledge, contributed any papers on medical or scientific subjects. He had many warm friends and grateful patients in his field of practice, who will long regret his early demise.

J. E. BARNEY, M. D., died at Key West, Florida, on the 5th day of January, 1869, in the sixty-eighth year of his age. Dr. Barney was born at Stony Brook, L. I., in the year 1801, and came to this country in 1824. He studied and graduated in various private institutions, and for several years was a practicing physician. Engaging extensively in the business of wrecking on the Florida Reef, he amassed a large fortune. The success of this undertaking, at one time, induced him to

further observation of the superiority of the new method, so impressed his mind that he resolved to study and practice it. His studies were pursued with zeal under the direction of Dr. R. C. McClelland.

He graduated at the Homœopathic Medical College of Pennsylvania, in the year 1860. He located in Allegheny City, where he established an extensive and lucrative practice. He was a corporator of the "Homœopathic Hospital of Pittsburgh," and at the time of his death a member of its "Medical Staff." He was a faithful friend of the institution, and discharged the duties of his official position with fidelity and skill. His health gradually failing he was compelled to relinquish his professional labors early in the summer of 1868. Late in the autumn of the same year, he started, accompanied by his wife, for St. Augustine, Florida, but died at Key West, before reaching his place of destination. By his sympathizing attentions to the sick, his gentlemanly deportment and devotion to his profession, he secured the confidence and esteem of a large circle of friends who with us mourn his death.

XII.

TREASURER'S REPORT.

DR. *Walter M. Williamson, Treasurer, in account with Homœopathic Medical Society of Pennsylvania.* CR.

1868. To balance from H. H. Hofmann, M. D., late Treasurer	$ 21 36	1869 By amount paid as per requisitions of Committee of Publication	$182 36
To receipts from members	161 00		
	$182 36		$182 36

The Auditing Committee respectfully report, that they have examined the accounts and vouchers of W. M. Williamson, Treasurer, and find them correct.

CHAS. A. STEVENS,
COMLY J. WILTBANK.

XIII.

CONSTITUTION AND BY-LAWS.

CONSTITUTION.

ARTICLE I.

THIS Association shall be known as the Homœopathic Medical Society of the State of Pennsylvania, and its object shall be the advancement of Medical Science.

ARTICLE II.

Any physician of good moral character, who has received the degree of Doctor of Medicine from some regularly incorporated Medical College, and who subscribes to the doctrine "*Similia Similibus Curantur*," may be elected a member of this Society upon the recommendation of the Board of Censors, by a vote of two-thirds of the members present, at any annual meeting.

ARTICLE III.

Every member shall, upon his admission, sign the Constitution and pay the initiation fee.

ARTICLE IV.

Any non-resident physician who may be judged worthy from his attainments in medicine or its collateral branches, may be elected a corresponding or honorary member, by a vote of two-thirds of the members present at any annual meeting, and may participate in the proceedings of the Society, but shall have no vote and shall be ineligible for office.

ARTICLE V.

The officers of this Society shall consist of a President, two Vice-Presidents, a Recording Secretary, a Corresponding Secretary, a Treasurer, and three Censors, who shall be elected by ballot by a majority of the members present, at every annual meeting, and who shall hold office until their successors are elected.

ARTICLE VI.

The President shall preside at the meetings of the Society, preserve order therein, put questions, announce decisions, and appoint committees not otherwise ordered.

ARTICLE VII.

The Vice-Presidents, in the order of their election, shall discharge the duties of the President in his absence.

ARTICLE VIII.

Sec. 1. The Secretaries shall give notice of the meetings of the Society, keep a record of its proceedings, conduct its correspondence and have charge of its archives.

Sec. 2. The Recording Secretary shall keep a record of all the proceedings and resolutions, the names of all delegates and members, with the date of admission of each; notify all committees of their appointments and of the business referred to them, notify all members of their election; authenticate by his signature all papers and acts of the Society when the occasion requires it, and bring before the Society communications and business needing its action, not otherwise presented.

Sec. 3. The Corresponding Secretary shall receive and preserve all letters addressed directly to the Society; open and maintain such correspondence as shall tend to advance its interests; give at least two weeks previous not
of the Society, to the members; keep a reco
sions on any and all the branches appert
Science that may occur in the Society.

ARTICLE IX.

The Treasurer shall receive all moneys and make all necessary disbursement, and make an annual report to the Society, in writing.

ARTICLE X.

The Censors shall receive applications for membership, and report to the Society those qualified for admission.

ARTICLE XI.

The annual meetings of the Society shall be held at such time and place as shall be designated at the annual meeting next preceding.

ARTICLE XII.

Seven members of the Society shall constitute a quorum.

ARTICLE XIII.

Any article of this Constitution may be altered or amended by a vote of two-thirds of the members present at the annual meeting; provided, that notice of such intended alteration or amendment shall have been given to the Society when in session at the annual meeting next preceding.

BY-LAWS.

SECTION I.

The annual meeting of the Society shall be held at 10 A. M., at the time and place decided upon at the annual session next preceding, and the President of the Society, with the concurrence of a majority of the Board of Censors, shall have power to direct such other meetings to be held as they may judge advisable.

SECTION II.

The initiation fee shall be two dollars, and each active member shall pay one dollar annually thereafter.

SECTION III.

The name of all active members of the Society remaining in arrears three months after any annual meeting, shall be stricken from the roll, and this provision of the By-Laws shall be appended to all bills.

SECTION IV.

At each annual meeting committees shall be appointed to report upon such subjects as the Society may designate.

SECTION V.

All communications read before the Society shall become its property; but no paper shall be published as part of the transactions of the Society without its sanction.

SECTION VI.

The annual election of officers for the ensuing year shall take place during the last meeting of the session.

SECTION VII.

The annual order of business shall be arranged by the Recording and Corresponding Secretaries.

SECTION VIII.

These By-Laws may be altered or amended at any regular meeting by a vote of a majority of the members present.

XIV.

MEMBERS.

Armor, Smith, M. D .... Columbia.
Ashton, A. H., M. D.....Philadelphia.
*Barnaby, Jno. E., M. D .....
Barrett, Chas. B., M. D.....Detroit, Mich.
Bechtle, J. W., M. D..... ..... Harrisburg.
Blakely, W. Jas., M. D.....Erie.
Bowman, Benj., M. D.....Chambersburg.
Brickley, J. W., M. D.....York.
Brooks, Silas S., M. D.....Philadelphia.
Brown, Samuel, M. D..... Philadelphia.
Burgher, Jas. C., M. D.....Pittsburg.
Carmany, C. J., M. D.....Harrisburg.
Chandler, G. E., M. D..... .....Lock Haven.
Charlton, S. F., M. D .....Harrisburg.
Childs, Wm. R., M. D..... Pittsburg.
Chriest, Wm. F., M. D..... Penn. P. O.
Clark, A. J., M. D.....Scranton.
Clayton, A. H., M. D .....Addisville.
Cook, Wm. H., M. D ....Carlisle.
Cooper, F. B., M. D..... ..... Alleghany City.
Cooper, J. F., M. D. ....Alleghany City.
Coté, Marcellin, M. D..... .....Pittsburg.
Cowley, David, M. D .....Pittsburg.
Cox, G. Howell, M. D.....Germantown.
Dake, C. M., M. D.....Pittsburg.
Dake, B. F., M. D.....Pittsburg.
Davis, W. Beesley, M. D..... Philadelphia.
Detwiler, Henry, M. D.....Easton.
Detwiler, John J., M. D.....Easton.
Dudley, Pemberton, M. D.....Philadelphia.
Fager, Charles, M. D..... .....Harrisburg.

* Deceased.

Faulkner, Robert, M. D .....Erie.
Friese, Michael, M. D..... Harrisburg.
Frost, J. H. P., M. D .....Milton.
Garberich, E. W., M. D .....Mechanicsburg.
Gardiner, Richard, M. D.....Philadelphia.
Garvin, John J., M. D..... .....Philadelphia.
Gause, Owen B., M. D.....Philadelphia.
Gramm, G. E., M. D..... Philadelphia.
Guernsey, Henry N., M. D.....Philadelphia.
Gumpert, B. Barton, M. D.....Philadelphia.
*Herron, Jas. A., M. D.....
Hewitt, Thomas, M. D..... .....Pittsburg.
Hofmann, H. H., M. D..... .....Pittsburg.
James, David, M. D ....Philadelphia.
James, Bushrod W., M. D.....Philadelphia.
James, Jno. E., M. D .....Philadelphia.
Jeanes, Jacob, M. D ..... Philadelphia.
Johnson, I. D., M. D.. .....Kennet Square.
Johnson, J. P., M. D.....Latrobe.
Jones, Joseph E., M. D..... .....West Chester.
Karsner, Charles, M. D..... ....Germantown.
Koch, Aug. W., M. D .....Philadelphia.
Koch, Richard, M. D..... .....Philadelphia.
Lee, John K., M. D.....Philadelphia.
Lee, C. H., M. D .....Tarentum.
Lippe, Adolph, M. D..... Philadelphia.
Liscomb, P. D., M. D .... Beaver Falls.
Logee, Horace M., M. D..... ....Linesville.
Macfarlan, Malcolm, M. D .....Philadelphia.
Malin, Jno., M. D..... Germantown.
Malin, George W., M. D.....Germantown.
Marsden, J. H., M. D..... ....York Sul. Spr.
Martin, H N., M. D .....Philadelphia.
Morgan, Jno. C., M. D.....Philadelphia.
McClatchey, Robert J., M. D.....Philadelphia.
McClelland, Jas. H., M. D.....Pittsburg.
Neville, W. H. H., M. D.....
Ostrander, W. M., M. D.....
Pfouts, J. S., M. D .....
Preston, Coates, M. D.....

* Deceased.

Preston, Mahlon, M. D.....Norristown.
Raue, Charles G, M. D .....Philadelphia.
Reading, Edward, M. D..... .....Hatboro.
Reading, John R., M. D.....Somerton.
Richards, J. C., M. D .....Lock Haven.
Roberts, R. Ross, M. D ....Harrisburg.
Rousseau, L M., M. D.....Pittsburg.
Seip, C. P., M. D..... .....Canton, O.
Smedley, R. C., M. D .....West Chester.
Smith, Wm. H., M. D.....Philadelphia.
Sperling, J. G., M. D..... .....Wyoming.
Stevens, Chas A., M. D.....Scranton.
Toothaker, C. E., M. D.....Philadelphia.
Urie, Wm. T., M. D..... .....Chestertown, Md.
Von Tagen, Chas. H., M. D.....Harrisburg.
Walker, Mahlon, M., M. D .....Germantown.
Wallace, M. H., M. D..... .....Alleghany City.
Weistling, C. J., M. D..... ..... Harrisburg.
Williams, Thos. C., M. D.....Philadelphia.
Willard, L. H , M. D.. .....Alleghany City.
Williamson, Walter, M. D... .....Philadelphia.
Williamson, Walter M., M. D.....Philadelphia.
Wiltbank, Comly J., M. D ..... Philadelphia.
Wood, Jas. B., M. D.....West Chester.
Wood, Henry C., M. D.....Sugartown.
Wood, O. S., M. D.....Omaha, N. T.

HONORARY MEMBERS.

Jabez P. Dake, M. D..... ....Nashville, Tenn.
Chas. R. Doran, M. D.....Hagerstown, Md.
Wm. Tod Helmuth, M. D .....St. Louis, Mo.
H. M. Paine, M. D..... .....Albany, N. Y.
Wm. E. Payne, M. D .....Bath, Me.
J. H. Pulte, M. D.....Cincinnati, O.
F. A. Rockwith, M. D.....Newark, N. J.
I. T. Talbot, M. D..... .....Boston, Mass.

TRANSACTIONS

OF THE

FIFTH AND SIXTH ANNUAL SESSIONS

OF THE

Homœopathic Medical Society

OF THE

STATE OF PENNSYLVANIA.

1870–1871.

PHILADELPHIA:
SENSEMAN & SON, PRINTERS, 416 CALLOWHILL STREET,
1871.

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STANDING RESOLUTIONS.

RESOLVED, That the Homœopathic Medical Society of Pennsylvania, in accepting and publishing Reports of Committees in their Proceedings, *does not necessarily endorse the same.*

RESOLVED, That no longer time than fifteen minutes shall be taken up in reading any single Report. If the Report is of such length as would occupy a longer period, a synopsis of the same, giving the principal points, may be read, and the Report itself referred to the Publishing Committee. *Adopted June* 3, 1867.

RESOLVED, *That the Code of Ethics* adopted by the American Institute of Homœopathy, at its twenty-first session, is hereby adopted as the *Code of Ethics of the Homœopathic Medical Society of the State of Pennsylvania. Adopted May* 19, 1869.

RESOLVED, 1st. That *Harrisburg* shall hereafter be the place of meeting of the Society, and that the annual meeting shall be held on the *first Wednesday in February of every year.*

2d. That instead of the 'Committees on Scientific Subjects,' as heretofore, a system of *Bureaus of Scientific Subjects* shall be inaugurated, the members thereof to be appointed at each annual meeting, after each Bureau shall have rendered its report for the preceding year.

3d. That there shall be a Bureau of Materia Medica and Provings, one of Clinical Medicine and Zymoses, one of Surgery, one of Obstetrics and Diseases of Women and Children, one of the History of Homœopathy in Pennsylvania, and a Bureau of Miscellaneous Subjects, to include Anatomy, Physiology, Chemistry, and Hygiene.

4th. That each Bureau shall consist of five members.

5th. That homœopathic physicians in all the counties of the State, be and are hereby requested to form County or

District Medical Societies to co-operate with the State Society.

6th. That the homœepathic physicians of the various counties be, and are hereby, requested, to make efforts to secure such action of the legislature as shall insure the extension of the provisions of the 'County Medical Bill' to their counties. *Adopted June* 4, 1870.

RESOLVED, That all homœopathic physicians throughout the State be requested to send to the Recording Secretary of the State Society their names and addresses (post-office and county), with the college from which they graduated, and date of graduation, in order that a complete directory may be made. *Adopted February* 2, 1871.

PROCEEDINGS

OF THE

FIFTH ANNUAL SESSION

OF THE

Homœopathic Medical Society

OF THE STATE OF PENNSYLVANIA,

HELD AT ERIE, JUNE 3rd AND 4th, 1870.

First Day—Morning Session.

The Society was called to order at 10 o'clock, by the President, Owen B. Gause, M. D., of Philadelphia, who thereupon delivered the following address:

Gentlemen of the State Society:—The object sought to be attained by individuals organizing themselves into societies, is one in which there is a community of interest, and may be succinctly stated to be the mutual edification of the membership, and by concert of effort and the union of all their forces, to secure a more rapid and thorough spread of the distinctive doctrine held by the Society.

Apply this to our State Medical Society: do we not meet for mutual edification, and do we not hope by concert of action and by the union of all our forces, to secure a more rapid and thorough spread of our distinctive medical doctrines than we could hope to do by individual effort, without organization?

Our mission is to preach a new evangel to the sick. We proclaim a universal gospel of healing—a gospel whose height and depth and length and breadth we do not ourselves

yet comprehend. But our faith, founded upon past experience, looks into the future and sees this gospel covering the whole earth, as the waters cover the seas. Therefore we have another object in view which we hope to attain by our organization, viz., the complete developement of the extent of practical application of the grand idea which is crystallized in the formula—similia similibus curantur.

This, gentlemen, I conceive is to be the foundation for the establishment of a medical literature, that shall become every year more and more reliable as it will be sifted and purged of glittering theories, unless they glisten with pure golden truth that will bear the fiery test of clinical experimentation.

They whose words and works will bear a triple test will then go before the world as worthy guides to be followed. The tribunals before which these examinations are to be made are, the County Society, the State Society, the American Institute of Homœopathy. Thus the County and State Societies are tributaries to the Institute, which is to be the grand medical reservoir; and from it will go forth tens of thousands of streams emptying into individual medical offices, for individual practitioners to imbibe and be refreshed by. How altogether important it becomes then that we foster the grand central organization—the American Institute—and as already indicated this can only be done by its tributaries, the County Societies and the State Societies.

Gentlemen, you perceive that I am a trinitarian, nay, I will say that we are trinitarians. This represents completeness, and if we are faithful to this idea we shall triumph.

Permit me to return now to the reason for calling the State Society together before the day to which it adjourned.

At our last meeting the material fact was overlooked, that there would be two meetings of the American Institute before our next meeting; hence we failed to make provision for representation at the meeting of 1870. Your officers did not feel that they would be fulfilling the trust you had reposed in them, if they failed to take such steps as our by-laws permitted, to secure a representation of our great State at the ensuing meeting to be held at Chicago.

Those of us who attended the glorious meeting in Boston last year, learned that the membership of the Institute expect that it will hold its next sessions, 1871, in our State, and most likely in Philadelphia.

At the meeting in Boston, the grand banquet was given by the State Society. It may, therefore, be thought proper by you to consider what part *we* shall take as entertainers of the Institute in 1871. I know from personal conversation with some of our members while at Boston, that it was their opinion that our Society ought to do as well as the State Society of Massachusetts.

We therefore have for these reasons called you together in accordance with our by-laws, and it remains for you to determine whether this meeting shall go on the record as our *annual* meeting, or simply as it now stands, a called meeting, and the annual meeting be held in accordance with the action made and provided at our last annual meeting. If you decide to hold the annual meeting as therein provided, I do not doubt the power of this meeting to change the place of holding it from Erie to any other place a majority of you present may decide upon.

The question of having a regular place as well as a regular time of meeting is one that has commanded the attention of our membership. Our territory is so very large, that it has been thought by many that we can best secure a large attendance of the members by a central place of meeting, say Harrisburg. I would suggest that you give this matter your earnest attention, as one of great importance to the growth and success of our Society. As we look forward to the time when we may possibly hope to obtain State aid, it is possible that our influence may be augmented by a permanent place of meeting, especially if that place should be the Capital. Our friends and neighbors in New York have been much more favored in this direction than we, and possibly one reason may be, they always meet at Albany, and thus display their strength and ability at the legislative fountain.

We should keep in view the future and so act in the present as to secure the best results.

Now, gentlemen, I wish to thank you for the honor you have conferred upon me by selecting me to preside at your deliberations. While accepting the position with a glow of satisfaction, I deprecate my lack of more distinguished ability to perform the duties, but trusting to your generous forbearance and aid, we will now, if it is your pleasure, proceed to business.

The roll was then called, and the members present were noted. The minutes of the Fourth Annual Meeting, as presented in the "Transactions," were on motion approved.

Dr. R. Faulkner being the only member of the Board of Censors present, the Chair appointed Drs. H. M. Logee and W. Williamson to complete the Board. A number of applications for membership were thereupon appropriately referred.

Reports were received from delegates appointed to represent the State Society in the American Institute, and other medical bodies.

The report of the *Committee of Publication* was made by Dr. McClatchey, who stated that the proceedings of the Fourth Annual Session had been printed in pamphlet form, of 135 pp., at a cost of $175, and furnished to members, and that there yet remained $55 due the printer. On motion the report was accepted, and the consideration of the deficiency postponed until to-morrow.

Drs. H. N. Guernsey and B. W. James reported, on behalf of the *Philadelphia County Medical Society*, that that organization was in a very flourishing condition, and that its proceedings and papers had been regularly published in the *Hahnemannian Monthly*. Dr. M. Coté reported on behalf of the Alleghany County Society, that it was also in a prosperous condition, its meetings well attended, and its proceedings interesting and valuable. Dr. W. James Blakely reported the Erie County Society to be in a good condition, although but recently formed. He also announced that he had recently been chosen city physician for the City of Erie, and that he had under his professional care two convents, one orphans' asylum, and one young ladies' seminary. Dr.

Bushrod W. James reported that John E. James, M. D., of Philadelphia, had recently been appointed physician to the Old Folks' Home, of that city, and that he hoped to make a report of homœopathic treatment in that Institution at the next meeting of the State Society.

Prof. H. H. BAXTER, of Cleveland, was then introduced as delegate from the Ohio State Medical Society, and appropriately welcomed by the President.

Dr. M. COTÉ moved that, in view of the small number of members present at this and the preceding meetings of this Society, and the baneful effects of such meetings on the cause of homœopathy, a committee of five be appointed to consider the subject of meetings, to report at the last session of this meeting. After some discussion, the further consideration of the motion was postponed until the afternoon session.

The Censors reported favorably upon the following applications for membership, many of the applicants being present:

Thomas Moore, M. D., Germantown; J. H. Spencer, M. D., Philadelphia; Newell White, M. D., Philadelphia; George H. Waters, M. D., Philadelphia; W. F. Guernsey, M. D., Philadelphia; J. W. Allen, M. D., Altoona; E. A. Farrington, M. D., Philadelphia; Griffith Reno, M. D., Titusville; G. M. Miller, M. D., Mahanoy City; W. C. Doane, M. D., Williamsport; William Willits, M. D., Williamsport; A. A. Roth, M. D., Lancaster; W. G. Taylor, M. D., Marietta; C. B. Dreher, M. D., Tamaqua; R. Fuller, M. D., Sheffield; B. R. Bratt, M. D., Reading; J. B. Frazier, M. D., Conneautville; C. W. Gessler, M. D., Philadelphia; F. O. Alleman, M. D., Scranton; J. A. Partridge, M. D., Warren; B. F. Reich, M. D., Lebanon; W. A. D. Peirce, M. D., Leopard; J. R. Earhart, M. D., Philadelphia; S. R. Dubs, M. D., Philadelphia; G. W. Burroughs, M. D., Philadelphia; C. H. Haeseler, M. D., Pottsville; W. B. Reynolds, M. D., Carlisle; W. M. James, M. D., Philadelphia; J. N. Pond, M. D., Meadville; Mary B. Woods, M. D., Erie; Harriet Sartain, M. D., Philadelphia; H. E. Reinhold, M. D., Williamsport; F. Taudte, M. D., Birmingham; C. N. Moore, M. D., East Sheffield; Anson Parsons, M. D., Albion.

The report of the Censors was, on motion, received; where-

upon Dr. M. Coté moved that the male physicians recommended by the Censors be at once admitted to membership. Carried.

Dr. W. JAS. BLAKELY then moved, that it is the sense of this Society that female physicians should not be admitted to membership.

Dr. H. M. LOGEE said that nothing existed in the constitution against their admission, and claimed that Drs. Woods and Sartain should be admitted.

Dr. BLAKELY thought it was not expedient to admit them.

Dr. MCCLATCHEY stated that the only requirements for membership were, that applicants should be of good moral character, regular graduates in medicine, and homœopathists. By the report of the Censors, we are told that these ladies fulfil all these requirements, and therefore they are as cligible to membership as are the men recommended, and they may be elected members if it be the will of the majority to elect them. He therefore offered as a substitute for Dr. Blakely's motion, that Drs. Woods and Sartain be declared members.

Dr. W. C. DOANE opposed the admission of women to membership, and thought the tendency of the age was to run mad on the woman question. He thought the spirit of the constitution and not the letter of it should govern us, as in all moral and civil law. He thought women were out of their sphere as doctors.

Dr. WILLIAMSON said that if the Society was not ready to act on this subject it had better be deferred until later in the session. It has got to be squarely met, and the advance of the age is not to be opposed. If not settled here now it will come up again and again, as inevitable fate, and will be settled some day. He thought it a pity that so much time should be wasted in discussing it.

Dr. MCCLATCHEY begged to remind his friend Dr. Doane that the spirit of the law could be construed only from the letter of it, and that no other spirit could be construed from the letter of that clause of the constitution relating to membership than what he had previously stated.

Dr. H. N. GUERNSEY thought the physical constitution of

women debarred them from entering into many avocations of life, and he did not know but that the practice of medicine was one of them. We want women as provers, but he felt constrained to vote against their admission to membership in the Society.

Dr. B. W. JAMES thought that too much time was being consumed over the subject, and moved that the whole matter be laid on the table.

Dr. WILLIAMSON hoped the motion to lay on the table would not prevail. It will be better to have a vote on the subject now. If the vote is not taken now, and the subject is postponed, it will be brought up again.

Dr. LOGEE asked unanimous consent to withdraw the names of Drs. Woods and Sartain, which was not granted.

The motion to lay on the table was lost.

Dr. MCCLATCHEY'S substitute was lost by a tie vote.

Dr. BLAKELY'S motion was then withdrawn.

The PRESIDENT, Dr. Gause, then addressed words of welcome, in an earnest and eloquent manner, to the newly-elected members who were present.

A very able, interesting, and valuable report of the condition of the Pittsburg Homœopathic Hospital, was presented by Dr. Jas. H. McClelland, delegate from that flourishing institution, and a member of its surgical staff. Dr. McClelland also presented a report from the Alleghany County Medical Society. These reports were, on motion, accepted and referred to the Committee of Publication.

The reports of Committees on Scientific Subjects being in order, physicians, not members, who were visiting the Society, and delegates from other societies, were, on motion, admitted to the floor and invited to take part in the discussions that might follow the reading of the various reports.

A report on "*Surgical Therapeutics*," by L. H. WILLARD, M. D., of Alleghany City, was read, accepted, and referred to the Committee on Publication.

A report on "*Orthopedic Surgery*," by CHAS. H. VON TAGEN, M. D., of Harrisburg, was read, accepted, and referred to the Committee of Publication.

Dr. BUSHROD W. JAMES, committee on "*Surgery of the Eye and Ear*," reported that but few new operations had been devised or instruments introduced since the last meeting of the Society, and stated that he would furnish a report on the subject intrusted to him, at the next meeting of the Society, if it was so desired. On motion, the report was received and the committee continued.

A report on "*Hypodermic Injections*," by W. James Blakely, M.D., of Erie, was read, accepted and referred to the Committee of Publication.

The Society then adjourned to meet at 2½ o'clock, P.M.

AFTERNOON SESSION.

The Society reassembled at 2½ o'clock, the President in the chair.

The resolution referring to the appointment of a Committee to take the meeting of the Society into consideration, offered by Dr. Coté at the morning session and laid over, was taken up, discussed, and adopted, and the following gentlemen were constituted said committee: Drs. M. Coté, W. Williamson, W. C. Doane, C. H. Haeseler, and W. James Blakely.

The reports on Surgery, made at the morning session, were then taken up for discussion.

Dr. B. W. JAMES liked the tone of Dr. Willard's paper on Surgical Therapeutics, as he did not claim too much for medicine in the treatment of diseases strictly surgical, or claim that medicine could take the place of operative surgery. He thought, with Dr. Willard, that the office of therapeutics in surgery was to prepare patients for the necessary operations, and to assist nature in her recuperative processes, after operations.

DR. W. JAMES BLAKELY said that Dr. Willard had not mentioned the use of remedies in gangrenous processes. He had used Lachesis more than once in such cases with great benefit. In the foul smell arising from ulcers, wounds, &c., he had also used Lachesis and other medicines most happily.

Dr. H. N. GUERNSEY would like to know how the line could

be drawn between surgical and non-surgical diseases. We cure by medicine alone, many cases which the old school view and treat solely as surgical cases, and as we progress we will be gradually taking diseases from the list of surgical and adding them to the list of medical. It is the best course for us to keep strictly to Homœopathy, and the more strictly we keep to it, the more successful we will be. He thought there is a tendency to run into the use of allopathic appliances under the guise of surgical appliances.

Dr. J. H. McCLELLAND agreed with Dr. Guernsey's views in the main, but he could not see any objection to the use of absorbents, disinfectants, and kindred appliances, in surgery; he advocated and used them, and they are not contraindicated by any tenets of Homœopathy. He thought that when Dr. Von Tagen stated, in his report on orthopedic surgery, that not much attention had been paid to that specialty in this country, he must have entirely overlooked the recent valuable monograph of Professor Sayre, of New York city.

Dr. B. W. JAMES said that he was well aware that no strict line could be drawn between medicine and surgery. But what he objected to was, that it was sometimes claimed that medicines alone would cure cases which really required operative interference for their cure, and by this means surgical cases were thrown into Allopathic hands, to the opprobrium of Homœopathy.

Dr. W. C. DOANE said he had sometimes regarded cases at first as surgical, which yielded nicely to medicines alone, and demonstrated the incorrectness of his first judgement. When he belonged to the old school, he saw many more surgical cases than now. In regard to the use of medicines in surgery, he regarded aconite and arnica as most valuable, and he was very fond of water dressings. He mentioned several cases of amputation which had resulted very happily under that treatment. In regard to the use of hypnotics, he never resorted to them except in cases of absolute necessity. He regarded it as his duty, in cases essentially hopeless, to smooth the dying bed, and render the final hours of life as comfortable as possible.

Dr. B. W. JAMES referred to the use of chloroform, as re-

commended by Dr. Willard, and said the tide of popular opinion was setting towards considering deaths from chloroform as homicides. These cases of deaths are rapidly multiplying, which is not the case with ether.

Dr. R. J. McCLATCHEY referred to the treatment of deformities of the feet. He had been very successful in the treatment of one case of deformity, in an infant, which would, no doubt, have developed itself, if the child had walked, into fully developed club-foot. *Brucea antidysenterica* was given, and the child's foot is now all right, and its knee and ankle strong. He had the highest regard for the use of "Barwell's Apparatus" in the treatment of these deformities. The application is simple, and the cruelty of stout leather straps and steel springs is avoided.

Dr. DOANE stated that he had seen chloroform used, and in hundreds of cases, during the war, without detriment. He used it with care, uses a pure article, and finds no detriment where the heart is not affected.

Dr. COTÉ thought chloroform the most reliable anæsthetic, and that there was no danger if cautiously used.

Dr. BLAKELY agreed with Dr. Doane as regárds the necessity for watchful care, and the surgeon who was careless was culpable. He thought the real cause of death under chloroform was some disease of the heart.

Dr. J. H. McCLELLAND thought ether not so efficient an anæsthetic as chloroform, but safer. He reported two cases, in one of which the patient went into spasms; in the other, the assistant being interested in the operation, neglected his business, and temporary asphyxia ensued.

Dr. DOANE remarked that the quickest way to get a patient from under the influence of chloroform was to drop the head, that is to elevate the body and leave the head dependent.

Dr. J. S. SKEELS inquired whether it was regarded that medicines administered by the skin had the same effect as by the stomach; whether twenty drops of laudanum administered by the skin would have as great and similar effect as if administered by the stomach. He thought the rational method of giving medicine was by the stomach.

DR. BLAKELY said there were four methods of giving medicines, by the mouth, rectum, skin, and lungs, either of which may be resorted to under certain circumstances.

A report on "*New Provings*," by HENRY NOAH MARTIN, M. D., of Philadelphia, was then read, accepted, and referred to the Committee of Publication.

Dr. SKEELS inquired whether one or two cases should be regarded as sufficient to establish the clinical use of a medicine.

DR. WILLIAMSON replied that quite a number of cases were necessary to fully establish a correct view for the use of a medicine.

A report on "*Recent Discoveries in Medical Chemistry*," by PEMBERTON DUDLEY, M. D., of Philadelphia, was read, accepted, and appropriately referred.

A paper entitled "*The Homœopathic Materia Medica*," by HENRY N. GUERNSEY, M. D., of Philadelphia, was read, accepted, and appropriately referred. Dr. Guernsey's paper elicited considerable discussion.

Dr. DOANE said, he agreed with Dr. Guernsey in regard to the importance of the single remedy. To give two or several, looked like loading the therapeutic gun with varieties of shot, hoping that some of them would hit somewhere. Allopathists do not know, and do not seem to care, what chemical action may be set up in the system by the compounds—often contradictory and absurd—which they prescribe. They make the stomach the battle-ground for opposing drugs. He believed that our remedies when alternated, or given otherwise than singly, had similar combative tendencies, with bad results for the patient. He would advise that the case should be well studied, the remedy carefully selected, and persistently adhered to. Let us stand up for pure homœopathy, and be true to it, or ignor it entirely.

Dr. R. E. FULLER added his testimony to the efficacy of the single remedy. The law of similars applies to every medicine, and it had never failed him. He always uses the single remedy. He had alternated for years, but had found the better way, and had no occasion to regret his departure from

what he could not help regarding as one of the inconsistencies of some homœopathic practitioners.

Dr. SKEELS thought it was absolutely neccessary, in some cases, to give more than one medicine, and to give medicines in alternation he considered perfectly legitimate. In obscure diseases, it is often impossible to find one medicine that will suit the disease, and several will have to be given. He thought there was some difference between city and country patients, and that for the latter, stronger preparations, and more than one medicine, were required.

Dr. GAUSE said, that patients, and not diseases, *per se*, were treated under homœopathic auspices, and that the remedy was to be chosen for the presenting totality of symptoms,

Dr. W. JAMES BLAKELY said that he had practiced in both city and country, and that the same remedies, in the same dose, did equally well, for each class of patients. He used the the single remedy and the high potency in the country, and he did the same in the city. He was now physician to the poor of Erie, and he found the single remedy and the high dilution as efficacious in that class of patients as amongst the better classes.

The "*Report on Obstetrics*," was then called for. It was stated that Dr. J. C. BURGHER had not been able to prepare his report on that branch. Whereupon, on motion, he was requested to prepare the report and forward it to the Committee of Publication.

The subject of *non-ligation of the funis* was then taken up and discussed.

Dr. J. H. MCCLELLAND related a case in which by accident the funis was severed without being ligated, without any untoward result.

Dr. H. N. GUERNSEY strongly advocated the method of not tying the cord; and related his experience therein. He stated that he had not used the ligature in such cases for some time, and does not expect ever to resort to it again, if he continues to see as favorable results from its non-use as have attended the large number of cases he had had lately.

Dr. B. W. JAMES had no objection to the cord being cut

without being tied, particularly if any benefit could be derived from the drawing off some of the blood, and he had frequently practised the new method; but he thought nevertheless, that the cord should be tied after the blood had ceased flowing, as a precaution against secondary hemorrhage. No child should be left, and its life risked, when hemorrhage might occur from crying, motion, or other causes.

Dr. SKEELS said he had not previously heard of the new method, but was glad to have light on it. He had, in a case where the child was blue and the skin was turgid and congested, cut the cord and allowed some blood to escape to relieve the congestion, but he had ligated afterwards. He knew of two cases where death resulted from hemorrhage, the cord being insufficiently tied.

Dr. M. COTÉ reported that his paper on practice was in course of preparation, and at his request he was continued the committee on that subject, to report at next meeting.

A paper on "*Morbus Addisonii*," by CHARLES G. RAUE, M.D., of Philadelphia, was read, accepted and referred.

A paper on "*Progressive Locomotor Ataxy*," by JAMES H. P. FROST, M. D., of Milton, was read, accepted and appropriately referred.

Dr. JOHN E. JAMES, of Philadelphia, committee to report on "Microscopy as a Means of Medical Diagnosis," reported progress, and was continued on said committee, to report at the next meeting.

The report on "*Baths*," by W. WILLIAMSON, M. D., of Philadelphia, was read, accepted, and appropriately referred.

The paper of Dr. Williamson concluded the reports on scientific subjects.

Dr. Gause wanted to know what was the general view of the members regarding the utility of daily washing and bathing infants.

Dr. GUERNSEY thought it was necessary to secure proper cleanliness, and productive of the best results. He deprecated the use of perfumed powders and soaps for infants.

Dr. COTÉ had known of delicate children, to whom, he was satisfied, daily bathing was detrimental; and upon no more

washing and bathing being resorted to than was absolutely necessary to cleanliness, they had rapidly improved in health.

Dr. GAUSE said that it was the custom with some to wash babies three and four times daily. He thought the number of daily ablutions should be regulated by the condition of the child, some children requiring washing every day, and others every two or three days. He thought some children could be readily injured by too much washing and bathing.

Dr. WILLIAMSON thought that daily ablutions were necessary for healthy children, as a hygienic measure. His paper on baths was not intended to touch on the water treatment of children in disease. He never allowed the head of a child having *tinea capitis* to be washed with soap, as he thought it had a tendency to keep up the disease. Dr. W. remarked that no child, and for that matter no adult, should sleep in any of the clothing worn during the day. He referred to the case of school girls not performing proper ablutions, and not evacuating the bowels and bladder at proper times. He had known instances in young girls where the fæces were retained so long that their perspiration actually exhaled fecal odor.

DR. B. W. JAMES referred to the cleansing of new-born infants without water, by simply anointing the skin with oil or lard, and rubbing with a dry flannel cloth, and thought this procedure a good one in the case of delicate children.

Prof. BAXTER, of Cleveland, then made a brief report of the condition of the Ohio State Medical Society, representing it to be in prosperous condition.

The Society then adjourned to meet at 8 o'clock in the Court House, to hear the Annual Address.

EVENING SESSION.

The Society assembled in the Court House, at 8 o'clock, the President in the chair; there being in addition to the members of the Society, a large and intelligent audience of ladies and gentlemen of Erie. The Annual Address before the Society was then delivered by Robert J. McClatchey, M. D., of Philadelphia; the subject of the Address being the *Progressive Development of Man.*

The following is a synopsis of the Address:

The orator alluded to the progressive development of man's intellectual and moral life, liberally illustrating the subject by exhibiting, at a cursory view, the developments, and particularly those of a more recent date, in every department of science and of the arts; as well as the evident progress in social and civil life, witnessed in the freedom of religious opinion, and the tendency towards universal freedom and civil equality all over the world. The increased comforts and conveniences of man, also, as being the type of progressive development, were alluded to; the Suez canal, the ocean telegraphs, the long lines of railway spanning entire continents, and other projections equally grand in conception and important in results, being brought in as illustrative of man's increasing wants, and of the progressive development of his genius which enables him to gratify those wants as rapidly, almost, as they are conceived. The knowledge of the earth, as witnessed in the labors of geologists, and of the "waters under the earth," as evidenced by the "deep-sea dredgings"; and of the almost incomprehensibly great extent and accuracy of knowledge attained in the mapping of the starry heavens, were adduced as additional proofs of the steadily progressive development of the mind of man; and, in fact, this portion of the address was replete with the most interesting evidences and examples of the unfolding of the inherent God-given genius of humanity. Medicine too, whose office it is to minister to man's comfort, to aid him, by affording health and strength to prosecute the study of the sciences, and to enjoy the results of their unfolding, was being progressively developed; and, notwithstanding its former inefficiency as an art, and its disgraceful position as a science, the discovery and practice of Homœopathy—a system founded upon an exact and unvarying law of nature—has brought medicine, at one bound, to a full front with other arts and sciences in the grand march of progressive development.

It was instanced too, that the progress of all ages had been made in the face of opposition, always bitter and sometimes bloody, and that persecution seemed to be a natural sequence

of the utterance of truth. So too, with medicine. Its crowning glory,—the homœopathic law,—had been met with ridicule and contempt by those who, from their position and their wants, might have been expected to examine it; and its discoverer and promulgator, the philosopher and scholar, Samuel Hahnemann, was persecuted and driven from place to place, until he sought refuge, and found it, in the land of the stranger. The orator then argued that man's progressive development, at this day, could be taken as nothing more than a trace of what it will be, nothing more than the youth of a ripe intellectual manhood; and so, too, of medicine; even with the utmost improvements in its every department,—including that of therapeutics, due to the homœopathic law,—it cannot be taken as more than the earlier developments of that full measure of perfection which its fixed principles and ever advancing practice are destined to attain. He claimed that through homœopathy, the race might be regenerated. That when generation after generation had been treated by its scientific and physiological rules, and had handed down, each one to its successor, the increased health each had gained through it; that then disease,—the inheritance of sin, with the accumulations of countless hosts of sinners superadded—would disappear from the face of humanity, and the "Image of God," originally impressed upon it, would show the tracing of the Divine Creator. In view, then, of the great blessing to humanity to be derived for the perfecting of homœopathy, and in view of the strong spirit of opposition to truth, always exhibited, he appealed strongly to his hearers to work for the Truth, and not to be lulled by that sophism which begets inactivity, that "Truth is mighty and will (of itself) prevail."

At the conclusion of the Address, a vote of thanks was tendered Dr. McClatchey, and a copy of his oration was requested for publication with the transactions of the Society.*

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* It is to be regretted that the MSS. of the Annual Address has been mislaid. *Com. of Pub*

SECOND DAY.

The Society assembled on Saturday morning, pursuant to adjournment, the President in the chair.

The minutes of the proceedings of the first day's session, were read and approved.

A paper, giving the details of several interesting cases, by M. FRIESE, M. D., of Harrisburg, was read, accepted and referred.

Dr. J. H. MCCLELLAND reported a number of interesting cases that had been under his care in the Pittsburg Homœopathic Hospital. He was, on motion, requested to write out these cases in detail, and forward the report to the Committee of Publication, which he agreed to do.

Dr. DOANE referred to the use of *Lachesis* in cases in which patients had been poisoned with mercury, under old school treatment. He regarded Lachesis as the very best antidote to mercurial poisoning. The Doctor gave an interesting and amusing account of his conversion to Homœopathy.

Dr. J. A. PARTRIDGE added his testimony as to the value of Lachesis.

Dr. B. W. JAMES exhibited a finger he had amputated for gangrene, this having resulted from the too tight application of a bandage in what was called a "new method" of treating felon. He also exhibited and explained the method of adjustment of a novel form of splint, devised by himself, which was very light, easily adjusted, and admitted of free ventilation.

Dr. FULLER alluded to a new remedy for fever and ague, which had come under his notice, the use of which, having seen no account of it in our literature, he was disposed to claim as being original with himself. It had produced in his person, when taking it, symptoms similar to those of intermittent fever, and had cured cases of that disease for him, very promptly. It is a fungous growth of the common green pine tree.

Dr. GUERNSEY remarked that a physician who, some time ago, had ventured to assert that prolapse of the uterus, or of the rectum, or anus, could be cured without recourse to sur-

gical or mechanical appliances, and with medicines alone, would have been thought demented; and yet every day these troublesome affections were cured with medicines alone. It is not alone for the local difficulty that the prescription should be made; in fact, the physician can ignore the existence of the name *prolapsus*, if he selects the remedy in accordance with the *totality* of the patient's symptoms; and if he does that accurately, his patient will get well, prolapsus and all.

Dr. C. H. HAESELER referred to the use of *arseniate of soda* in the treatment of *tuberculous phthisis*. He instanced cases in which the patients had all the symptoms of consumption, and who were very much benefited by the use of that drug. He usually gives the seventh, eighth, or tenth dilutions. In *hæmoptysis* and *hæmatemesis*, too, while he felt constrained to sound the praises of *Ipecac.* and *Phosph.*, he regarded the arseniate of soda as vastly superior to all other medicines.

Dr. COTÉ mentioned *Lachesis* as a valuable medicine in the treatment of hay-asthma, *Nitric acid* as equally valuable for warts, and *Silicia* for felon.

Dr. R. FAULKNER exhibited and explained the use of a novel and ingenious splint, of his own construction, for the treatment of compound fracture of the leg.

The committee appointed, on the motion of Dr. Coté, to consider the subject of the meetings of the Society, offered the following report, which was, after some discussion, unanimously adopted:

"1st. That *Harrisburg* shall hereafter be the place of meeting of the Society, and that the annual meeting shall be held on the *first Wednesday in February of every year.*

"2d. That instead of the 'Committees on Scientific Subjects,' as heretofore, a system of *Bureaus of Scientific Subjects* shall be inaugurated, the members thereof to be appointed at each annual meeting, after each bureau shall have rendered its report for the preceding year.

"3d. That there shall be a Bureau of Materia Medica and Provings, one of Clinical Medicine and Zymoses, one of Surgery, one of Obstetrics and Diseases of Women and Children, one of the History of Homœopathy in Pennsylvania, and a

Bureau of Miscellaneous Subjects, to include Anatomy, Physiology, Chemistry, and Hygiene.

"4th. That each bureau shall consist of five members.

"5th. That homœopathic physicians in all the counties of the State, be and are hereby requested to form County or District Medical Societies, to co-operate with the State Society.

"6th. That the homœopathic physicians of the various counties be and are hereby requested to make efforts to secure such action of the legislature as shall insure the extension of the provisions of the 'County Medical Bill' to their counties.

"7th. That members of the Society be and are hereby requested to send to the Corresponding Secretary the names of all homœopathic physicians in good standing in their localities."

The following additions to the by-laws were offered by Dr. Doane, and adopted, and the Recording Secretary was instructed to append them hereafter to circulars he may issue to members on behalf of the Society:

"It shall be the duty of each member to attend the annual meetings of the Society, or, if unable to attend, to furnish the Secretary with some satisfactory reason for his absence, which shall be laid before the Society at its annual meetings.

"In case any member shall fail to attend three successive regular annual meetings, or to furnish satisfactory reasons for his absence, his name may be stricken from the list of members by a vote of the Society; this, however, shall not prevent his subsequent readmission to membership."

Dr. W. JAS. BLAKELY, Treasurer, offered his accounts, whereupon the Chair appointed Drs. R. Faulkner and McClelland to audit said accounts.

The following gentlemen were appointed delegates to the forthcoming meeting of the American Institute of Homœopathy, viz.: Drs. H. N. Guernsey, C. H. Haeseler, B. R. Bratt, J. C. Burgher, B. W. James, R. J. McClatchey, O. B. Gause, and W. Williamson.

The Auditors reported that they had examined the accounts and vouchers of the Treasurer, and had found them correct, whereupon the Auditors' report was accepted, and, on motion, the Treasurer's report was adopted.

It was moved and carried unanimously, that the delegates to the American Institute unite with the delegate from the Philadelphia County Medical Society, in inviting the American Institute of Homœopathy to meet in Philadelphia, on the second Tuesday in June, 1871, and that the State Society take part in entertaining the members of the Institute.

The bills of the Secretaries, and of the Committee of Publication, were presented and ordered to be paid.

The President asked that time should be granted him to consult with the Secretaries, prior to the appointment of members of Bureaus for the ensuing year, which was granted.

The President was instructed to appoint delegates to other medical societies, not appointed by the Society.

Prof. BAXTER, of Cleveland, invited those members of the Society who expected to attend the meeting of the American Institute at Chicago, to visit Cleveland in the afternoon, attend the meeting of the Cleveland Medical Society in the evening, and spend the Sabbath in that city.

The President, on behalf of the Society, thanked Prof. Baxter, for his courteous and kind invitation, and, for those going to Chicago, accepted it.

The Recording and Corresponding Secretaries were appointed a Committee of Publication. The Society then proceeded to the *election of officers*, with the following result:

President.—Marcellin Cotć, M. D., Pittsburg.

First Vice-President.—Robt. Faulkner, M. D., Erie.

Second Vice-President.—H. M. Logee, M. D., Linesville.

Treasurer.—O. B. Gause, M. D., Philadelphia.

Recording Secretary—Bushrod W. James, M.D., Philadelphia.

Corresponding Secretary.—Robt. J. McClatchey, M. D., Philadelphia.

Censors.—Jas. H. McClelland, M. D., Pittsburg; H. N. Guernsey, M. D., Philadelphia; C. H. Haeseler, M. D., Pottsville.

Orator.—W. C. Doane, M. D., Williamsport.

Alternate.—W. Jas. Blakely, M. D., Erie.

On motion the thanks of the Society were most cordially tendered Drs. Blakely and Faulkner, of Erie, for the very efficient manner in which they had provided for the wants of

the Society, and for the many courtesies shown the attending members.

The thanks of the Society were likewise tendered the Pennsylvania Central, Philadelphia and Erie, Pittsburg and Erie, and Northern Central Railroad Companies, for courtesies to members, and for liberal deductions of fare.

Thanks were also most heartily tendered the editor of the *Erie Daily Republican* for the courteous tender of the use of his columns for the publication of the proceedings of the Society *in extenso*, his paper being the first to show such liberality.

A special vote of thanks was tendered the Secretaries, for efficient performance of duties.

The following gentlemen were appointed the *Committee of Arrangements* for the next meeting of the Society, viz.: Drs Friese and Charlton, of Harrisburg, Bratt, of Reading, Haeseler, of Pottsville, Cook, of Carlisle, and the Secretaries, with power to add to their number, if necessary.

The usual privilege accorded the editor of the *Hahnemannian Monthly*, of publishing such portions of the proceedings and papers of the Society as he may wish, was unanimously granted.

The thanks of the Society were unanimously tendered the President, Prof. O. B. Gause, for the able and courteous manner in which he had presided over the session.

The Society then adjourned, to meet in Harrisburg on the first Wednesday, (1st) of February, 1871.

The following appointments of members to constitute the *Bureaus of Scientific Subjects*, were made by the President and Secretaries, in accordance with the instructions of the Society.

BUREAUS OF SCIENTIFIC SUBJECTS:

BUREAU OF MATERIA MEDICA AND PROVINGS.—W. James Blakely, M. D., Erie; J. C. Burgher, M. D., Pittsburgh; Richard Gardiner, M. D., Baltimore, Md.; Henry N. Guernsey, M. D., Philadelphia; Coates Preston, M. D., Chester.

BUREAU OF CLINICAL MEDICINE AND ZYMOSES.—Smith Armor, M. D., Columbia; W. M. Williamson, M. D. Philadelphia; H. M. Logee, M. D., Linesville; Wm. H. Cook, M. D., Carlisle; John E. James, M. D., Philadelphia.

BUREAU OF SURGERY.—J. H. McClelland, M. D., Pittsburgh; Jos. E. Jones, M. D., West Chester; Malcolm Macfarlan, M. D., Philadelphia; Louis H. Willard, M. D., Alleghany City; Bushrod W. James, M. D., Philadelphia.

BUREAU OF OBSTETRICS & DISEASES OF WOMEN & CHILDREN. J. H. Marsden, M. D., York Sulphur Springs; Charles H. Haeseler, M. D., Pottsville; Michael Friese, M.D., Harrisburg; C. J. Wiltbank, M.D., Philadelphia; Henry Noah Martin, M. D., Philadelphia.

BUREAU OF HISTORY AND STATISTICS OF HOMŒOPATHY IN PENNSYLVANIA.—Walter Williamson, M. D., Philadelphia; Henry Detwiler, M. D., Easton; John R. Reading, M. D., Somerton; Pemberton Dudley, M. D., Philadelphia; H. H. Hofmann, M. D., Pittsburgh.

BUREAU OF MISCELLANEOUS SUBJECTS.—J. H. P. Frost, M. D., Danville; J. A. Partridge, M. D., Warren; Richard Koch, M. D., Philadelphia; Adolph Lippe, M. D., Philadelphia; B. F. Dake, M. D., Pittsburgh,

REPORT OF THE HOMŒOPATHIC HOSPITAL AND DISPENSARY OF PITTSBURG.

The financial condition, internal workings, and general management of this Institution, are such as to inspire confidence in its future prosperity and usefulness.

Owing to the large increase in the number of patients treated, and the improvements and repairs made to the Hospital, the current expenses of the Institution were much greater the last, than any preceding year. These expenses, however, have not only been promptly met, but the corporate debt has been diminished by more than *one thousand dollars*. This fact alone furnishes abundant cause for encouragement and thankfulness.

The admission to the surgical wards on application, without hesitation or permit, of all cases of accidents brought to the Hospital within twenty-four hours after their occurrence, has been the means of effecting an aggregate amount of benefit to suffering humanity difficult to estimate. The increase of our population and manufactories, and the greater number daily exposed to accidents—the central location of the Hospital, the facilities of access to it, the complete appliances, and skillful treatment of the cases referred to, at all times at command of the sufferer—have added considerably to the number constantly under treatment, and have correspondingly augmented the expenses of the Institution, and laid additional tribute on the time of the surgeons in charge. The daily, and often nightly services of the physicians, are cheerfully rendered, although entirely gratuitous. To the happy absence of all selfish and mercenary motives, is the Hospital not only largely indebted for its well-earned popularity, but for increasing usefulness.

To the efforts put forth by the "Ladies' Homœopathic Charitable Association," in behalf of the Hospital, the unqualified thanks of patients, patrons and philanthropists, are alike due. The net proceeds of the late fair held under its auspices, was five thousand dollars ($5,000.) Beside the

material aid furnished by this organization, a great amount of good is accomplished in other ways. Two of its members are appointed each month, who are required to visit the Hospital at least twice a week. They have the privilege of choosing their own time for making these *official* visits, and the right to inspect every ward, and converse with every patient, without being accompanied by any officer or employee of the Institution. Should the wards be found in a filthy condition, or the patients unkindly treated, or in any way neglected, you may well imagine that it would not long remain a secret.

In order to increase the general interest in the Hospital, and at the same time extend its benefits, without having the recipient feeling that he is an object of *charity*, the special committee appointed for the purpose, at the last quarterly meeting of the Board of Trustees, issued the following circular, viz:

Circular of the Homœopathic Hospital Accident and Dispensary Association.

It is well known that accidents to workmen, of a more or less serious nature, are of almost daily occurrence, in some one of the manufacturing establishments of Pittsburgh and vicinity.

A large portion of the trouble to sufferers from these accidents, arises from the fact that the injured man is obliged to incur heavy medical expenses, when he is earning nothing to pay them; or else, to feel himself an unwilling object of charity.

To remove these difficulties is the purpose of this Association, between the Trustees of the Hospital and the subscribers.

It is agreed, that every person who shall pay the sum of ten (10) cents per month, or a single payment of one dollar ($1.00) per year, in advance, to the Hospital, shall, in case of accident, be entitled to admission and treatment in the same, until sufficiently recovered to be discharged, in compliance with the established rules and regulations of the Institution.

Experienced nurses, and the best physicians in the city, are in constant attendance, and everything will be done for the patient that medical skill can accomplish.

Cases of slight injury, that do not confine persons to bed, and yet require dressing, will receive all the attention necessary, at the Dispensary, or in the surgical ward, as often as required.

For the additional sum of ten (10) cents per month, or a single payment, in advance, of one dollar ($1.00) per year, the subscriber will be entitled to medicines and treatment, at the Dispensary, for himself, or any member of his immediate family, during the time paid for, as stated.

The advantages and cheapness of this plan are too apparent to require argument; but it is only by a large number of subscribers that this low rate is justifiable; and it is hoped that all workmen who are liable to injury will avail themselves of it, thereby aiding the Hospital, which in turn, offers to do them a service they will feel entitled to receive.

The objection to going to the Hospital, instead of home, is fully overcome by the fact, that the complete appliances, experienced nurses, and almost constant attendance of physicians, give the patient every opportunity of a much quicker and better recovery than would ordinarily occur at home, where the want of experience in nurses, and the absence of the physician for many hours, often occasion a patient much suffering that could be avoided in the Hospital, where the family and friends will be allowed to visit him, at all reasonable hours.

It is too soon to anticipate the result of this plan. Its success depends on the number of subscribers obtained, and will require time to test its practical workings. The Hospital is amply provided for the faithful performance of the stipulations set forth in the circular.

ABSTRACT OF CASES TREATED

In the Homœopathic Hospital of Pittsburg, during the Year ending April 1st, 1870.

MEDICAL CASES.	Discharged Cured.	Discharged Improved.	Discharged Unimproved.	Elop'd or Rem-ov'd by Fr'nds.	Died.	Remaining.	Total Treated.
Albuminuria,	1	...	...	...	...	...	1
Anasarca,	...	...	...	...	...	2	2
Asthma,	...	2	...	...	...	1	3
Bronchitis,	7	4	...	...	...	2	13
Carcinoma,	...	...	...	...	1	...	1
Chorea,	1	...	...	...	...	...	1
Cystitis,	1	...	...	...	...	...	1
Diabetes,	...	...	...	...	1	...	1
Diarrhœa, Acute and Chronic,	2	2	...	...	...	...	4
Delirium Tremens,	10	...	...	1	...	...	11
Dentition,	1	...	...	...	...	...	1
Dysentery,	1	...	...	1	1	...	3
Epilepsy,	...	1	...	...	...	...	1
Erysipelas,	2	...	...	...	...	...	2
Fever, Gastric,	4	...	...	...	...	...	4
" Intermittent,	8	...	...	...	...	1	9
" Typhoid,	7	...	...	...	...	2	9
Gastritis,	1	...	...	...	...	1	2
Heart Affection,	1	2	...	...	1	...	4
Hepatic "	1	1	...	1	...	...	3
Hydrothorax,	...	...	...	...	1	...	1
Nephritis,	1	...	...	...	...	1	2
Neuralgia,	1	...	...	...	...	...	1
Orchitis,	1	...	...	...	...	...	1
Otitis,	1	...	...	...	...	...	1
Ophthalmia,	...	...	...	1	...	...	1
Poisoning, Mercurial,	...	...	...	...	1	...	1
" Lead,	1	...	...	...	...	1	2
" Rhus tox,	2	...	...	...	...	...	2
Pleuritis,	2	...	...	...	...	...	2
Paralysis,	1	2	1	...	1	...	5
Phthisis Pulmonalis,	...	1	1	2	1	1	6
Pneumonia,	3	...	...	...	...	1	4
Rheumatism,	8	1	...	...	...	2	6
Spasms,	1	1	...	...	...	...	2
Septicæmia,	...	...	...	...	1	...	1
Spinal Diseases,	...	1	1	...	...	...	2
Tonsilitis,	1	...	...	...	...	...	1
Ulceration, Stomach and Bowels,	...	...	...	...	1	...	1
Uterine Affections,	4	2	...	...	...	1	7
Various Diseases,	20	3	...	1	...	1	25
Totals,	90	23	3	7	10	17	150

ABSTRACT OF CASES.—(CONTINUED.)

SURGICAL CASES.	Discharged Cured.	Discharged Improved.	Discharged Unimproved.	Removed by Friends, or for Misconduct.	Died.	Remaining.	Total Treated.
Abscess, Hand,	1	...	...	.....	...	...	1
" Knee,	1	...	...	.....	...	...	1
" Mammary,	1	...	...	.....	...	...	1
Amputation, Fingers,	1	...	...	.....	...	...	1
" Toes,	...	...	...	.....	...	1	1
" Thigh,	1	...	...	.....	...	1	2
Burns, Arms, Legs and Body,	1	1	...	.....	1	1	4
Bubonitis,	1	...	...	.....	...	...	1
Deformed Legs and Arms,	...	1	...	.....	...	...	1
Dislocation, Wrist,	1	...	...	.....	...	...	1
" Shoulder,	...	...	...	.....	...	1	1
Fracture, Clavicle,	1	...	...	.....	...	...	1
" Arm,	3	...	...	.....	...	1	4
" Skull,	...	...	...	.....	1	...	1
" Hip, and other injuries,	...	...	...	.....	1	...	1
" Thigh,	3	...	...	.....	...	1	4
Fistula, Vesico-Vaginal,	...	...	...	.....	...	1	1
" Anal,	1	...	...	.....	...	...	1
" Urethral,	...	1	...	.....	...	...	1
Injury, Nose,	2	...	...	.....	...	...	2
" Head,	2	...	...	1	...	...	3
" Hand,	1	...	...	.....	...	...	1
" Fingers,	1	...	...	.....	...	...	1
" Knee,	2	...	...	.....	...	...	2
" Leg,	...	...	1	.....	...	1	2
" Ankle,	1	...	...	.....	...	...	1
" Foot,	2	...	...	.....	...	...	2
Lithotomy,	1	...	...	.....	...	...	1
Periostitis,	1	...	...	.....	...	...	1
Prolapsus Recti,	1	...	...	.....	...	...	1
Rachitis,	...	1	...	.....	...	...	1
Sprain,	2	1	...	.....	...	...	3
Syphilis, Secondary and Tertiary,	3	4	...	1	...	...	8
Tumor, Uterine, Fibroid,	...	...	...	1	...	...	1
" Fungoid, Excised,	1	...	...	.....	...	...	1
" Sero-Cystic,	1	...	...	.....	...	...	1
" Cancerous,	...	...	...	1	...	...	1
Ulcers, Chronic,	1	...	...	1	...	...	2
Various Diseases,	5	...	...	1	...	...	6
Totals,	43	9	1	6	8	8	70
Medical,	90	23	3	7	10	17	150
Lying-in,	8	...	...	.....	...	...	8
Births,	8	...	...	.....	...	...	8
Grand Totals,	149	32	4	18	13	25	286

General Summary.

Patients remaining in Hospital, April 1st, 1869,	20
Admitted during the year,	216
Total treated during the year,	236
Discharged " " "	211
Remaining, April 1st, 1870,	25

Increase over last year, 68 patients, or 40 per cent.

	PER CENT.
The Proportion Cured, was	63.14
" " Improved, was	13.56
" " Unimproved, was	1.70
" " Discharged for Miscond't, or Removed,	5.50
" " Died,	5.50
" " Remaining	10.60
	100.00

Whole No. of Patients Treated since Hospital opened, 598

Prescriptions Issued from the Dispensary during the year 3,954
Whole No. since Dispensary opened, 9,908

The Medical Board is constituted as follows:

H. Hofmann, M. D., J. C. Burgher, M. D.,
J. S. Rankin, M. D., L. H. Willard, M. D.,
B. F. Dake, M. D., J. H. M'Clelland, M. D.,
David Cowley, M. D.

J. H. McClelland, M. D.,
Delegate,

ORTHOPÆDIC SURGERY.

BY CHAS. H. VON TAGEN, M. D., HARRISBURG.

The term Orthopædia, first introduced by Andry, has been generally accepted for that subdivision of the healing art which embraces the treatment of deformities of the human frame,—their prevention, causes and treatment. The etymology of the term, (Orthopædia) is derived from two Greek words *ορθος* straight, *παιδεύω* to train, to educate.

The knowledge of deformities is probably as ancient as deformities themselves. Hippocrates affords us quite a clear description of club-foot in the sixty-second chapter of his work on articulations. These are but fragmentary remarks, yet give correct views of its treatment. Very little was done for centuries to advance this branch of surgery. Ambrose Paré, Severinus, Arcæus, Fabricius ab Aquapendente, and some others, have furnished some scattered ideas, and very imperfect ones it may be added, on the subject.

In 1741, Prof. Andry, of Paris, first collected the scattered and fragmentary writings on Orthopædy, and placed them in a tangible form, giving it the name and title which this branch of the healing art now bears. He, however, in attempting to classify deformities, and ferret out their causes and manner of treating them, transgressed the domain of Orthopædic surgery by including within its boundary defects of the eyes, ears, hair, nails, &c., thus mixing up a list of heterogeneous subjects which possessed no pathological or therapeutical affinities to each other. In 1780, Andreas Venal, a Swiss writer, corrected the errors made by Andry, and succeeded in establishing Orthopædy within its legitimate boundary. To Venal is due the credit of establishing the first institution for the exclusive treatment of distortions and deformities of the human frame. From this time Orthopædy began to attract the attention and enlist the interest and admiration of eminent medical minds, and their combined efforts gave it a more solid and scientific character.

Among those who contributed largely to the advancement of Orthopædy are the names of Scarpa, Wenzel, Camper, Brücker, Palletta, Heine, Delpech and Sömmering. To Stromeyer is due the credit of giving the greatest impetus and scientific culture. He it was who introduced sub-cutaneous myotomy and tenotomy; by which methods of operating a large proportion of deformities were rendered amenable to treatment which before were regarded as hopeless cases.

The discovery and introduction of anesthetics have largely aided, until now, it may be said we have arrived at a period in which Orthopædic surgery may be placed along side of other branches of medical science and that without any detriment whatever to its dignity.

Germany has furnished a galaxy of bright names, all of whom have contributed and have labored most assiduously in behalf of this branch of surgery. At the head of this list deservedly and pre-eminently stands the name of the great Stromeyer, then follow Dieffenbach, Langenbeck, Berend and Robert. In France, we find the names of Jules Guérin, Major, Malgaigne, Louvrier and Marjolin, who have materially aided in diffusing and establishing as well as advancing Orthopædic surgery.

In England none has done more than Dr. Little; he has been its chief promoter there. He being a sufferer with club-foot from birth, went to Germany and obtained relief from the master-hands, Stromeyer and Dieffenbach. Feeling grateful and becoming very enthusiastic over the new method, he determined to throw his whole energies into it and extend the benefits to his fellow-men, who like himself were so afflicted. Upon his return to England he entered at once upon the enterprise of establishing a hospital for the treatment and cure of deformities solely. In this movement he was most generously aided by his countrymen. The result of this man's labor, united with those of his aiders and abetters, was the building of a noble institution in London, in which over twelve thousand poor and helpless mortals were admitted and relieved or much benefited from 1841 to 1851. It is stated upon good authority that, in the United Kingdom of Great

Britain upwards of twelve thousand persons receive gratuitous attendance each and every year of late.

What can be said of our country; what are her historical records in this line? Nothing strikingly favorable. Here its advancement has been impeded, obstacles have been thrown in its way on the part of the profession, and any and all attempts in the way of cultivating Orthopædy as a speciality have been frowned down and stigmatized as quackery. Our country is flooded with quacks, pretenders and itinerant practitioners, into whose hands most of such cases have fallen, and these unfortunates have been victimized and fleeced to a frightful degree. During the last session of our State Legislature, a bill was passed imposing punishment and a heavy fine upon travelling doctors, so-called, who attempt to ply their traffic in Dauphin and contiguous counties of this State. There is also a law in force to prevent the publishing or advertising of noxious nostrums or obscene advertisements.

Why cannot the same laws be enacted throughout the length and breadth of our land, which would protect the public and profession alike against charlatans and imposters? It needs but an earnest effort on the part of the medical profession for the strong arm of the law to put forth its strength, and thus effectually put a stop to all such unlawful proceedings. So long as we sit with our hands in our laps and refuse to act, so long will this wholesale system of plunder go on. Trusting that my hearers will pardon this digression on my part, I will resume the thread of my discourse.

If my memory serves me aright, the honors are equally divided between Dr. Detmold, of New York city, and Dr. Thomas Mütter of Philadelphia, as being the earliest advocates of Orthopædic Surgery in this country. The former enjoyed the privilege of personal tuition of the great Stromeyer, and entered upon his career with great energy, enthusiasm and brilliant intellect. Dr. Valentine Mott, of New York, was also among the earliest of American surgeons who felt an earnest solicitude for its propogation. In his interesting "Travels in Europe and the East," he expresses himself in the highest terms of appreciation of this "illustrious era

of the healing art." He used his influence, and exerted himself faithfully in aid of the erection of an Orthopædic Hospital, in New York city; finally, however, he allowed himself to yield to professional prejudice, and thus permitted what might have proved the crowning act of his long and fruitful life to fall to the ground.

The demands of the public and the progress of modern surgery, alike require that specialities shall not undergo degeneration or depart from their honest course, and, as too often has been the case, left to undergo pretentious quackery. Europe has set us an example well worthy our imitation. The few specialities which have been fostered in our land, have certainly not given just cause for apprehension. No competent medical practitioner advocates the establishing of specialities at the expense or detriment of medical science, and as an independent calling. On the contrary, specialities should emanate from medical science and receive their chief maintenence from it, and return its results to the source which gave them birth. We should by no means imitate the Egyptians and pursue specialities "*per se*," and disconnect them from the parent stem. Such acts would be prejudicial to the advancement of medical science, unproductive of beneficial or practical results, and would eventually terminate in crude empiricism. This ancient and preposterous system has been finally adjudicated by history, and has no earthly chance whatever, of being resuscitated. The steady progress of medical science, if properly nurtured and encouraged, promises to acquire a magnitude which will inevitably, and ere long, settle the pending question. Practitioners will then be compelled to chose between general superficiality and special efficiency. I trust and hope to be permitted to see the day in which orthopædic hospitals and institutions will spring up in this country, with the co-operative support of the profession, where those who are afflicted with distortions and deformities will find ready and efficient aid.

Orthopædy proper does not embrace within its limits all kinds of deformities, especially those of a mere transient nature, as for instance fractures, dislocations, defects or distortion of the integuments and soft parts, strabismus, &c. These have

all been properly referred to their respective subdivisions in the domain of surgery. Strabismus has been classified with opthalmology, defects and distortions of the soft parts with plastic surgery, fractures and dislocations with mechanical surgery.

Various attempts have been made at arranging orthopædic affections in a systematic order, and all such plans have proven failures.

There is, it may be said, no organic cohesion between the objects of this speciality, the similarity of treatment being the only connecting link, which, of course, is not available as a systematic distinction; the grouping of the subject would therefore prove as arbitrary as the composition of the orthopædic discipline.

Under the term, "Orthopædic Surgery," may be enumerated and embraced the following deformities and affections:

1*st. Deformities of the feet*, technically known as talipes, of which there are five varieties, as follows: 1, talipes equinus; 2, talipes varus; 3, talipes valgus; 4, talipes calcaneus; 5, talipes simplex, *seu* plantaris. Let us now proceed to take these up in the order in which I have named them, and consider cause, nature, and method of treating them.

1*st. Talipes Equinus.* We find the foot more or less extended, and occasionally placed in direct continuance to the leg. The foot rests upon the plantar, metatarso-phalangeal surface, or as some would term it, upon the ball of the foot, the chief weight being born upon the ball of the big toe, the heel being drawn upwards and backwards by the contraction of the tendo Achilles. The plantar arch is much increased and the plantar fascia considerably shortened. The extensor digitum communis and pollicis longus are sometimes, but rarely, contracted. The parts which come in contact with the floor are covered with a thick and dense-like callosity. The entire limb is atrophied; growth and development are both arrested, particularly if the case be one of long standing.

In addition to this we find the circulation in the part sluggish, the temperature diminished, and particularly is this the case in cold weather. Generally speaking, the gastrocnemius

and soleus muscles are at fault in this form, though there are cases in which the entire group of extensor muscles participate in the deformity: particularly is this the case when lesions of the spinal cord are the cause. This form of talipes is not, as is commonly supposed, of congenital origin. It is often acquired and depends upon lesions of the spinal cord and its investments, one or both, and when I speak of investments I include the vertebra. A remarkable case is reported by "Bauer," in which an injury was inflicted with a pocket-knife blade near the tenth or eleventh dorsal vertebra; and so firmly was the blade imbedded that much force was required to remove it. The wound closed without delay, but a few days subsequent to the accident the patient, some thirty-five to forty years of age, and a mechanic, was attacked with severe cramps in the calf of the left leg, which finally terminate in a tonic contraction of the entire group of extensors of the foot, thus presenting an extreme degree of talipes equinus.

Paraplegia is another cause by which talipes may be produced. When the deformity arises from this cause it may attack the patient suddenly and without apparent cause, preceded by severe rigors, lasting some hours. In some of these cases, arising from paraplegia, the commencement of talipes equinus has been known to inaugurate a partial return of sensation.

The proximate cause of this deformity may consist:

1*st*. In a paralysis of the flexor muscles, in which case we will find a preponderance of extensor power.

2*nd*. There may be an active contraction of the triceps alone, or of the entire group of extensors. In both conditions we find the growth of the entire extremity arrested and its length considerably shortened. Before attempting to remedy the deformity, we should consider the existing power of locomotion of the patient and the changes that would inevitably follow by the correction of the deformity. If the deformity be merely sufficient to add to the deficient length of the limb, and locomotion be comparatively perfect, there is no just cause for interfering in any way whatsoever, for the deformity of the limb is the lesser evil, and the usefulness of it the higher and

more important consideration. In *recent cases* we may, however, undertake to treat the case with a view, only, to promote the development and growth of the extremity, and thus eventually perform a cure of the deformity. This can best be effected by means of forcible extension with the hand, bending the foot into the reverse position from that into which it is drawn by the contracted muscles. While thus extending, to effect the diminution of the longitudinal plantar arch, seize the heel firmly with one hand and the forepart of the foot with the other hand, and while thus extending the arch, press the protruding bones down into their proper place. This manipulation must of course be done under the influence of anesthetics. After such violent preceedings, it may become necessary to use cold arnicated applications. At a later period, and when the malposition of the bones show a disposition to yield, milder exercise will suffice, without the use of anesthetics. This method of manipulation may be made once or twice daily. Should this plan fail to accomplish the object, a properly constructed shoe may then be adjusted, for a description of which I would refer the reader to page 77, of "Bauer," Orthopædic Surgery.

In the active forms of equinus, when you have to deal with active contraction of the extensors, tenotomy is the initiative process. The operation is the more effective the earlier it is performed, a simple division of the tendo Achilles serves to overcome the trouble. If the triceps alone be contracted, the tendo achilles should be divided at a point three-fourths to one and a fourth inches above its insertion. If all the extensor muscles be involved, the entire group should then be divided at one and the same sitting.

After the completion of the operation, it will then become necessary to provide the foot with a proper apparatus. Numerous are the devices, and various the kinds of instruments which have been constructed for the after treatment of talipes. This part of the treatment we must regard simply as auxilliary and merely subordinate to tenotomy. Whatever the construction of the instrument may be, which the operator selects, it should possess the following qualities:

1*st.* It should fit well, and accurately conform to the shape of the foot and portion of the limb to be encased.

2*nd.* The joints of the instrument must correspond exactly with the axis of motion of the natural joints they are intended to subserve.

3*rd.* Its action should be opposed, diametrically, to the traction of the divided muscle; in other words, reverse the form and position of the limb, as it was previously.

4*th.* Its action must be steady, and, while applied, uninterrupted.

5*th.* It should keep the foot firmly planted upon its sole, and not permit the heel to rise from its place. An instrument that will fulfill these requirements will answer the purpose, whatever its construction may be.

As to the prognosis of talipes equinus, we have to consider primarily the cause as well as the extent of the deformity. The latter is usually trivial, unless the tarsal bones are malformed to such a degree as to prevent their adjustment, which, however, is fortunately not often the case. When the case is one of long standing, and the bones of the affected foot have accommodated themselves to their unnatural position and the tibio tarsal articulation is crippled in its action, then the prognosis is doubtful and the deformity may even be regarded as irremediable. In order to effect a cure, both malformation and malposition of the tarsal bones will have to be corrected, and this at best is but a slow process; from two to three years being often required to accomplish the purpose.

The proximate cause of the deformity is a very important consideration, and enters largely into the prognosis of the case. We may succeed in overcoming the deformity and in keeping the foot in a proper position by means of mechanical appliances, and thus only palliate but not cure the trouble.

To achieve success, it is necessary to re-establish the function of the deformed part, promote its nutrition and development, and restore tone to the muscle. Such result the surgeon can only partially be successful in accomplishing, however assiduously and perseveringly he may ply his auxiliaries, and, therefore, he should be guarded in his prognosis, and promise

no more than he will be capable of fulfilling. As a rule in infants and young children, the progress of talipes equinus is more favorable, for experience demonstrates that with the relief of the distortion, the nutrition, growth, and development becomes improved. One thing, however, must not be forgotten or overlooked, that the restored limb rarely keeps pace with its fellow, either as regards development or activity.

2*nd. Talipes Varus. Equino Varus.* In this form we find a combination of varus and equinus, and one which is a common variety, usually of congenital origin, seldom acquired. The foot, in this form, is turned longitudinally to such an extent that its external or outer border rests upon the floor, and the internal border is turned upwards. The foot rests upon the external malleolus, to a considerable extent, and, as in the valgus form, we find a large collosity here formed. Again, the dorsum of the foot has a forward aspect, while the plantar surface looks backwards, and with it, of course, there is complete inversion of all the toes. The muscles at fault in this form of talipes are the gastrocnemius, soleus and plantaris, which by and through means of the tendo Achilles have a common insertion into the tuberosity of the calcaneus. The two tibiales muscles are, at times, implicated in this deformity. The tibialis posticus is so much contracted at times, as to be forced out of its groove behind the internal malleolus, and to appear outside or in front of the malleolus, being thereby changed into a flexor, its natural action being that of an extensor. The tibialis anticus is generally the more tense of the two, its displacement being noticed more toward the front of the foot. The shortening of either or both of these muscles is the cause of the rotation of the foot. In this form of the talipes we may find the knee-joint rotated and loosened, and the head of the tibia turned on its axis. This relaxed condition of the knee-joint may continue long after the actual treatment of the deformity of the foot, so that the patient may still invert his toes after the foot has been restored to the normal shape; this, therefore, will require special attention, to prevent a return of the original condition. As to the actual causes of club foot we know nothing positive. Out of 1218 cases reported by Lonsdale, 688 were congenital,

About 50 per cent of all the varieties of club foot belong to this type. It would be interesting here to go into details of the different theories and speculations which have been advanced by different writers, as to the position of the fœtus in utero being a fruitful source of talipes, but time and space will not permit. It has been estimated that in France one out of every 3000 are affected with talipes. In this form of talipes we have to deal with contraction of one or both tibialis muscles, of the triceps, and plantar muscles and aponeurosis, together with the extensor or flexor muscles of the toes, and in protracted case, malformation and malposition of one or more tarsal bones.

The first step in the operation for "varus" is the division of the contracted tibialis muscle. This will reduce the varus to that of equinus, and when the inversion is thus corrected, proceed to divide the tendo Achilles and plantar fascia, with its contracted muscle: the two should be simultaneously divided. It may become necessary, subsequently, to divide the tendons of the contracted toes; this, however, is generally overcome by complete division of the plantar fascia and muscle. The operation completed, then the manipulation and mechanical treatment begin. For a description of apparatus, see "Bauer," figure 20, page 83.

3*rd*. *Talipes Valgus*. This form of talipes may represent one of five conditions of the limb involved: 1*st*. There may be total paralysis of all the muscles of the leg and foot. 2*nd*. There may, in addition to paralysis, be contraction of the peronei muscles. 3*rd*. Paralysis of the adductor muscles with antagonistic retraction of the abductors of the foot. A 4*th* condition is reflex contraction of the peroneus muscle. A 5*th* condition is a morbid relaxation of the muscles of the leg and of the ligamentous apparatus of the tibio tarsal and intertarsal articulations. The plantar arch is broken down in this form of talipes, hence its name.

The patient walks on the inner malleolus and corresponding border of the foot. This form of talipes is found most frequent among negroes and Jews, and is sometimes associated with knock or weak knees (Genu Valgum), and is of heredi-

tary origin. It is caused also by spinal affections, and at times from exclusive paralysis of the tibial nerve; and a small percentage is attributable to inflammation of the ankle-joint. Bauer says that hundreds of cases he has seen were traceable to dental irritation. All the different causes of talipes valgus enumerated under this third class, are to be treated principally on therapeutic grounds, together with mechanical appliances, except the fourth, in which the peroneus muscle is contracted, a prompt division of the tendon of this muscle will successfully relieve the deformity. Wher-ever we meet with weak-knee complications, the malposition of the knee-joint must be corrected. The prognosis of this form, under skilful treatment and manipulation, is favorable.

4*th. Talipes Calcaneus.* This term has been given to that very peculiar and rare form of distortion, in which the posterior surface of the os calcis rests upon the floor and the foot is abnormally flexed. In fact, it is a literal walking on the heel, a favorite movement in which ballet-dancers sometimes seek to delight their audiences. The toes occupy a vertical position; the extensor muscles of the foot (the gastrocnemius and soleus) are completely paralyzed, their bellies flaccid, and the tibialis anticus, peroneus tertius and flexor longus digitorum are all intensely contracted. The plantar arch is slightly diminished. We have, then, just the reverse condition present in talipes equinus. The prognosis is favorable usually. As to the origin of this form we know, as yet, nothing. The operation consists in dividing the tendons of the tibialis anticus, peroneus tertius, and, if necessary, the extensor longus pollicis and digitorum communis longus. The foot must then be forcibly extended, and kept thus by an appropriate apparatus or splints.

5*th. Talipes Plantaris.* In this form, an inflexion of the sole of the foot at the tarso-metatarsal articulation is found. The dorsum of the foot presents an undue amount of arching, the transverse arch being absent and the foot much shortened. The deformity is caused by the contraction of the plantar muscles and their being inserted into the plantar fascia. The motive power of the foot is otherwise in good order. Prog-

nosis favorable. Origin usually congenital. Treatment consists in dividing the plantar muscle and fascia, and the subsequent adjusting of an instrument which will exert vertical pressure on the dorsum of the foot, and thus stretch out and diminish the plantar arch.

Abnormal Abduction of the great toe requires a division of the tendons of the flexor, abductor and extensor muscles of the great toe. A splint properly padded should be placed along the sole of the foot, so as to adduct the toe. Sometimes partial dislocation is complicated with this distortion, in which case amputation, if the case be one of long standing, is the only remedy.

Burns and Scalds about the ankle-joints or hands occur, causing a contraction of the integuments and consequent malposition. Gradual and persistent extension in the opposite condition, during and after the healing process, usually overcomes contraction.

Much more might be written and said on this subject, and that without going beyond the pale or domain of orthopædic surgery. There remains yet diseases of the spinal column, such as Kyphosis, Gibbus malum Potti, Scoliosis, deformities of the neck, such as Torticollis, spastic affections of the cervical muscles, sometimes termed wry neck, idiopathic deformities of the knee-joint, paralysis, palsy, rachitis, joint diseases, and their sequelæ. These, however, in the present paper, will have to be passed over, contenting myself in simply thus enumerating them. At some future time I trust to have the privilege of presenting an essay, which will embrace the balance of these very important and much neglected affections.

MEDICAL AND SURGICAL ITEMS.

BY J. H. M'CLELLAND, M. D., PITTSBURGH.

Secondary amputation of the thigh; Amputation for carious knee-joint; Sero-cystic tumor-extirpation; Treatment of fractures; Prolapsus ani; Chronic diarrhœa and prolapsus uteri, &c.

These cases are presented as possessing points of interest, and in lieu of a paper such as the Society deserves, but which I have not had opportunity (or perhaps ability) to prepare. They have occurred for the most part during my service as attending surgeon of the Homœopathic hospital in this city (Pittsburgh); an institution I may add, that is doing good service in the interest of scientific medicine. In a limited experience it is hardly probable that anything very new or startling to the medical world should have been discovered, but this much at least has been demonstrated, to my great satisfaction, that in the practice of surgery, the homœopathist has a decided and appreciable advantage over the "old school" and may attempt and successfully perform operations under circumstances that would prove eminently hazardous in their practice.

We may safely predict that, with the same degree of manual dexterity attained, and there is nothing to hinder such attainments, our school as a body of physicians, will wrest from their grasp that in which they most do glory, and which, *more than any other consideration*, maintains their position before the public.

With this future before us, is it asking too much of the coming generation of *Hahnemannians* to fit themselves by every accomplishment obtainable, to occupy—if not to help create—the high position that awaits them, keeping in lively remembrance that their measure of success will be in proportion to their apprehension of the genius and adherence to the practice of Homœopathy. When a true conception of the

vast resources of our system obtains more universally among our practitioners, there will be less disposition to have recourse to allopathic medication, such as the use of hypnotics, tonics, etc, in connection with Surgery. For in this field the beauty and glory of the law *similia*, will be reflected with increasing radiance from the surgeon's blade.

Case I.

Secondary Amputation of the Thigh.

Alonzo Stanley, æt. 19. Three months ago was admitted to the hospital with injuries of the knee-joint (comminuted fracture), for which excision was practised with the hope of saving the leg, although we gravely doubted the wisdom of delaying immediate amputation. But the patient and friends begged us to try and save the leg, and the attempt was made.

The case seemed to progress favorably until about three weeks ago, when an inflammatory action set up, abscesses formed, and immense quantities of pus were discharged. The patient is now anæmic, and hectic fever is establishing itself rapidly. Such rapid prostration called for prompt action, and amputation was decided upon, August 10th, 1869. With the assistance of the hospital staff, the limb was amputated at the middle of the thigh, by the usual flap operation. But a small amount of blood was lost, the femoral and profunda arteries being secured by the same ligature, first tying one and then the other with an additional knot. These were the only vessels requiring ligation. The flaps were washed with a solution of permanganate of potassa, rendered necessary from the fact that the pus had burrowed through the muscles, leaving them more or less pyogenic. The bone was not sawed off fully as high up as its surface was denuded—or rather one side of it was bare for nearly an inch above the point of section—because the stump was already short, and I concluded to trust nature's kindly offices to cover this portion of naked bone. Bringing the flaps into coaptation and securing with sutures and adhesive strips, it was found to be a very shapely stump. The dressing applied was lint saturated in carbolized linseed oil, and a comfortably tight bandage.

The plan I usually follow in producing anæsthesia was adhered to in this instance, viz.: ether was administered until the system became accustomed to its use, and then, not coming under the influence promptly, Chloroform soon produced the desired effect.

After the operation the patient seemed very much sunken; lips, tongue and gums almost bloodless; pulse 140 and compressible. Very nourishing diet was ordered and Staphysagria every hour until better.

August 11th. Much stronger; had about three hours sleep during the night. The dressing was not disturbed save to moisten the lint with the carbolized oil. Same treatment.

August 12th. Still stronger; appetite good; pulse frequent, but improving. Removed dressing partially and found considerable discharge of pus, having no offensive odor.

Same dressing and Staph.[30] four hours. For various complications during the next few weeks, such as anæmia, diarrhœa, œdema, etc., he received China, Ars., Apis, and Calc. phos., as they were indicated; the latter being continued at intervals until the stump was healed.

October 31st. He now presents himself in perfect health, heavier than ever before, the stump sound and almost ready for an artificial limb, which he is about to have constructed.

No opiate was given at any time, the complications having been controlled by the homœopathic remedy.

It was a matter of some interest to find what condition existed in the vicinity of the exsection, and ample opportunity was now offered. The bones were found to have thrown out considerable callus, but the profuse suppuration which had taken place denuded the surfaces both of the femur and head of the tibia, thus destroying every chance of repair.

Case II.

Amputation for Carious Knee-Joint.

March 15th, 1870. George Schminke, æt. 9. Strumous diathesis. Weak; pale; emaciated; hectic. Right leg flexed upon the thigh and cannot be extended without severe pain. The knee is sore upon pressure; is enlarged, but presents no

fistulous openings. He has gradually been getting worse for two years, and has not been able to move about for four months. While in a hospital in Germany his limb was forcibly straightened and placed in plaster of Paris for twenty weeks. This treatment made the knee very sore, accomplished no good, and the leg soon returned to its flexed position. Here was the history in short, except that the father had suffered many years with an affection of the knee-joint.

It so happened that quite a number of my colleagues were present to decide upon operating for the extirpation of an immense fibroid ovarian tumor; but finding the adhesions too strong and numerous, we were compelled to decide adversely.

This case having turned up in the meantime, we turned our attention to the probabilities of saving the limb or amputation. Taking the history of the case, and the present weak and hectic condition into account, sufficient unanimity was obtained in favor of amputation, to warrant "immediate hostilities."

Without further delay the boy was anæsthetized and the limb taken off at the lower third, by lateral flaps.

The periosteum was found detached for four or five inches above the articulation, much farther up, in fact, than I wished to saw the bone. Willing to try again the powers of nature, when assisted by "sugar pills," I divided the periosteum, turned it up like the cuff of a coat, and then sawed the bone; leaving perhaps an inch and a-half with the periosteum separated from, yet fully covering. This I was the more satisfied with having done, after the section was made, as it then showed a healthy appearance in its central structure. Washing the surface with dilute Calendula, the flaps were approximated and dressed with carbolized oil as in Case I.

During the first week the patient rallied nicely under the the use of Arn., Acon. and Staph., in the order named, and then he was placed on Calc. phos.^{2x} one dose a day for several days. At the end of three weeks he was able to walk a little on crutches, and continued to improve in health and strength, the stump for the most part healing kindly, leaving but a small fistulous opening from which healthy pus was dis-

charged, in gradually decreasing quantities, until it finally healed.

An occasional dose of the phosphate of lime[200th] was given, interrupted once or twice by Silic[200], with apparently good effect; and thus considerable length of bone was saved that otherwise might have been lost.

Now, the query is: Could this favorable result have just as well been obtained under allopathic or expectant treatment? The accumulation of experience can only decide.

In will be observed that the phosphate of lime was not used in a crude form, as an article of diet, (save as it existed organically in his food), as has been recommended even by some homœopathists.

A *post amputation* examination of the component parts of the knee, revealed a decidedly carious state of things; the head of the *tibia*, *patella*, and end of *femur* all being seriously involved, fully justifying the immediate "taking off."

I might mention that the carbolic acid dressing prevents fetor, appears to facilitate healing, and does not interfere (so far as we are able to judge) with the action of remedies.

Case III.

Sero-Cystic Tumor.

Wm. S., æt. 44, bricklayer. Scrofulous appearance; has been a hard drinker, and is subject to attacks of erysipelas.

A large tumor (about the size of a child's head at birth), partly solid and partly fluid; has been growing for some years over the left scapula, below its spine.

It now interferes with the movements of the arm and shoulder, and he wishes it removed immediately.

Jan. 6th. Acceding to his desire, he was placed under ether, and the offending incumbrance removed in the following manner:

Making an incision about eight inches long, the sac was separated from the surrounding tissue, without a great deal of difficulty, until the base was reached, when it was found to be firmly adherent to the muscles beneath. From this mova-

ble base, which had given the impression that the tumor was free from adhesions, it was carefully dissected, without severing any arteries that required more than torsion. The wound was washed with dilute Calendula, closed with sutures, and the carbolized linseed-oil dressing applied.

Jan. 7th. High fever; restless; pulse 118.

℞. Acon.^{3} 2 hours.

Jan 10th. Fever nearly gone; the wound has for the most part healed by first intention.

℞. Calend.^{3}, and apply same dressing.

Jan. 13th. Has an erysipelatous appearance about the wound. Informs me that, after a slight operation some years ago, erysipelas set in, and gave the surgeon considerable trouble.

℞. Rhus^{6}. 2 hours.

From this time the wound became healthy, the pus accumulating occasionally, and then discharging; but gradually this ceased, and a firm cicatrix was formed. The man now pursues his occupation without hindrance or discomfort, and is much delighted with the result.

Case IV.

Treatment of Fractures.

The treatment of fractures has claimed much of the time and attention of surgeons in all ages; and much of that time might have been better spent than in racking their brains to render the treatment of this class of cases as complicated as possible.

Referring more particularly to fractures of the lower extremities, I have found that in the majority of cases their treatment may be of the most simple character, with the most desirable results.

For fractures of the thigh, extension is made by means of adhesive strips applied to the leg, to which a rope, with a weight to the end, is attached, or sometimes the rope may be fastened to the foot of the bed. The foot of the bed is then raised six to ten inches, and counter-extension thus procured by the weight of the body. To make it more secure, splints

of pasteboard are accurately moulded, and fitted to the limb (thigh), and kept in place by a many-tailed bandage, so that they may be removed, and the parts inspected without much trouble. The support thus afforded prevents in great measure the spasmodic jerking of the muscles. Compound fractures are managed very nicely by this plan. At the end of about three weeks (if the fracture is not too high up), a starch bandage is applied, and the patient allowed to walk on crutches. The junk bag is also of service in treating these fractures.

In fractures of the leg, especially where both bones are broken, or when compound, the plan is essentially the same. Of quite a number of fractures of the lower extremities treated in this way, very few have exhibited any appreciable shortening.

I might refer also to fractures of the clavicle, as being amenable to more simple measures than are usually adopted and recommended. The shoulder is drawn up and back; the fragments brought into apposition, and a small compress applied to the seat of fracture; or, instead of the compress, plaster of paris may be moulded to the parts to much better advantage. Over the compress a strip of adhesive plaster is tightly drawn, extending from the breast to the back. Instead of the figure of 8 bandage to draw the shoulders back, a broad strip of plaster may be used, by fixing one end below and parallel with the outer third of the clavicle, drawing it firmly across the upper arm above the insertion of the deltoid, and thence across the back: in short, as you naturally would to draw and keep the shoulders back. The axillary pad I consider of questionable utility, and seldom use it. The shoulder may now be kept up and back by a sling, with tapes attached to a ring around the shoulder of the uninjured side. Deformity seldom or never occurs with proper care.

As illustrating the treatment of fractures of the leg, the following case is given:

July 7th, 1869. Hugh G., æt. 24, coal digger. Yesterday, while at work in a coal-pit, the roof fell in, knocking him down, and producing compound fracture of the *tibia* and

fibula at the lower third, besides various lacerated and contused wounds about the scalp, face, and body. The fractured bones were brought into correct apposition; extension made by adhesive strips; the foot of the bed was raised, and counter-extension thus secured by the weight of the body. The wound was dressed with the carbolized oil, which was removed as often as required for cleanliness.

Calc. phos.[30] was administered once a day at first, and then about once a week.

May 30th. The man was discharged cured, there being no deformity or shortening.

The use of Symphytum and Calc. phos. I believe to be of material service in the treatment of broken bones, hastening union. The higher potencies of the latter are preferred.

Case V.

Prolapsus ani—Podophyllum.

Feb. 24th, 1870. Annie M., æt. 3½, nervo-bilious temperament. Prolapsus ani for two years; bowels generally loose in the mornings. Now has cold, with severe cough, accompanied by pain in the stomach, and sometimes vomiting; worse at night when first lying down; stomach deranged; no appetite.

℞. Puls.[6] 4 hours.

Feb. 28th. Cough and cold better. Sac. lac.

March 7th. Cough about well; the bowels and prolapsus not changed. Pod.[30] n. & m.

March 12th. Diarrhœa improved; prolapsus has not appeared so often. Sac. lac.

March 19th. Very much better in every respect. Sac. lac.

March 27th. Still improving; no diarrhœa, and scarcely any prolapsus. Pod.[100] 1 dose.

April 8th. Hardly a trace of her former troubles; but now has hooping-cough, which is becoming very severe. Worse at night; vomits her food. Dros.[6] Three times a day.

April 11th. No better. Continued same.

April 20th. No sign of prolapsus, but coughs day and

night; no appetite; getting very thin, especially about the neck and shoulders. Nat. Mur.[30], n. & m.

April 26th. Cough and everything better. Sac. lac.

May 9th. Slight return of prolapsus. Pod.[200] 1 dose.

June 1st. No return since; general health excellent. Sac. lac.

Case VI.

Chronic Diarrhœa and Prolapsus Uteri.

March 7th, 1870. Mrs. Eliza M , æt. 28. Has had chronic diarrhœa for eighteen months, always in the morning after rising, until 10 or 11 o'clock. Stools slimy, yellow and painful. Prolapsus uteri for many years; sometimes becoming very distressing, and causing the usual train of symptoms.

℞. Pod.[30] 1 dose a day.

March 12th. Feels better; diarrhœa not so frequent. Sac. lac.

March 19th. Diarrhœa better; suffers much less with the prolapsus. Sac. lac.

March 30th. Diarrhœa continues better, but prolapsus not so well. Pod.[30] and Sac. lac.

April 8th. Diarrhœa has returned; prolapsus very much relieved. Sulph.[200] 1 dose.

April 20th. Very much better. Sac lac.

April 26th. Continues feeling better. Says the relief from the prolapsus is remarkable and very grateful. Her digestion has been much improved from the start.

Case VII.

Infantile Diarrhœa—Podophyllum.

May 20th 1870. Albert H. Weak, delicate, emaciated; skin cold and clammy. Diarrhœa three weeks, very frequent; stools bloody at times, undigested, and accompanied with flatulence. Gags, but does not vomit; very thirsty.

Gave a dose of Pod.[200] on the tongue, and a box of Sac. lac. A dose to be given every three hours.

Several weeks after, the mother reports that, after the second or third dose, the diarrhœa and gagging ceased, the child improving every hour until well.

Note.—In reading reports of cases treated by the higher potencies, I have often wondered why so much pains is usually taken to specify *just the exact number* of "very small pellets placed dry or the tongue;" and care is generally taken that it be very few. Now it strikes me as decidedly immaterial whether it be *one* or *one hundred* pellets that are "placed dry on the tongue," as the quantity of the drug contained in one hundred pellets in excess of that contained in one pellet is so *extremely minute* that it should not, and does not, enter into the calculation of dose in the slightest degree. Another thing in relation to the dose I would like to notice is that, in the use of high potencies, many practitioners would not think of repeating the remedy in the form of pellets, but will dissolve *just so many* in a glass of water, and give a spoonful at intervals quite brief. The difference between giving the doses this way and out of the labelled vial, in the shape of pellets, is so very small that I confess it is beyond my comprehension; unless it is that the pellets in the glass, being a potency higher after having been dissolved, are a trifle more active. I repeat that, in using the high potencies, it is not necessary to be so excessively careful as to the number of pellets administered; nor is it essential to use globules and vials of microscopic dimensions, the very appearance of which is often sufficient to destroy the confidence of the patient both in the physician and his medicines. We all know this confidence *is not to be despised*.

HYPODERMIC INJECTIONS.

BY W. JAMES BLAKELY, M.D., ERIE.

Having failed to obtain statistics of any importance upon the subject of hypodermic injections of drugs, and, having myself no experience with this method of medication or palliation to offer you, I fear I shall fail to present the subject to you in a manner worthy of your consideration, and commensurate with the importance attached to it at the time this committee was appointed. The literature of our own school is exceedingly deficient in data which might lead to a conclusion upon its comparative importance; a fact which I consider not altogether discreditable; and the journals and standard works of the old school, so far as I have been able to consult them, are equally barren, except in so far as relates to the superiority which this method of administering the salts of morphia and a few other drugs may possess, over the ordinary modes of applying internal medication.

But I imagine that your intention in instituting this committee was, not so much to ascertain the comparative value of the various methods of administering the different preparations of morphia, atropia, or other palliative drugs, as to consider the propriety of administering them in any case, as well as to discover the superiority, if any existed, of administering attenuated specific medicines by means of the hypodermic syringe. According to this understanding, I shall briefly consider the subject, and shall divide what I have to say into a few general remarks upon the use of morphia and its hypodermic injection, upon the hypodermic injection of atropia, quinia and strychnia, either as curative or palliative agents, and upon the hypodermic injection of attenuated specific medicines.

The materia medica of the old school, deficient, except in a few instances, in specific remedies, is largely composed of palliative medicines, upon which its physicians rely to a very

great extent in the treatment of disease. Ours, on the contrary, composed entirely of specifics, affords us not only curative remedies in the severest forms of disease, but furnishes us with many others capable, in minute and harmless quantities, of subduing the severest forms of pain. Notwithstanding this, a few of the palliative agents of the old school materia medica have crept into use amongst us, and are occasionally resorted to by our physicians. The principal of these, the most extensively used as well as abused, is morphia and its salts, administered indiscriminately by physicians of the other school in every form and variety of pain, from that of the simplest character to the sufferings of the severest forms of disease. Indeed, so extensive has its use become in their hands that we may safely say, that were they deprived of opium and of morphia and its salts, it would be impossible for them to continue in the practice of medicine. With us, however, the case is different, and in diseases accompanied by the severest pain, such as the various forms of colic, rheumatism, neuralgia, and in many other diseases, as well as in cases of a more simple character and yet characterized by severe pain, we make no resort to this drug; and the follower of Hahnemann, who would use it indiscriminately in such cases, would be considered by his associates as unworthy the name. I say, indiscriminately; for cases do occasionally arise, in which intense pain is the prominent symptom, and in which the indicated specific remedies seem utterly powerless for good; other cases, also, in which the disease is incurable, and in which our efforts are confined to the temporary relief of the patient. When cases such as these occur,—and I am happy to know that those are rare which will not yield to our remedies,—the physician is justifiable in relieving the sufferings of his patient by small quantities of morphia, provided all better means of relief have failed him. But while he may occasionally resort to its use, through the apparent necessity of the case, it should be, as I may say, under protest, and so far from recommending it as worthy of imitation, he should not only discountenance it whenever not absolutely necessary for the relief of his patient,

but should be incited to assist in bringing the pathogeneses of our remedies to such perfection, at the same time increasing his own knowledge of them, that in time he may find no further occasion for its use. There are times when this drug, administered palliatively, in reality exercises a curative effect. Thus, in a severe case of otalgia, in which I had employed every possibly indicated remedy during the space of one week, without the slightest relief to the patient, two doses of one-sixth of a grain of sulphate of morphia procured refreshing sleep, and the patient awoke perfectly free from pain, and in eight years which have elapsed has not had another attack. Here the speedy and permanent effect of the morphia leads me to believe that it was the specifically-indicated remedy, and warns me against a too-bigoted prejudice, with the effect of allowing a patient to suffer intense pain rather than resort to something which does not strictly come under the provisions of the law of cure. And while the physician, in subscribing to a certain principle of cure, and openly professing his adherence to it, is bound in honor and honesty to adhere to it, yet it is no less true that he is primarily responsible to his conscience for the manner in which he discharges his duty to his patients, and cannot under every circumstance be restricted by laws or rules, but must exercise his judgment in determining what is best for his patient in each individual case.

The extensive ravages which the abuse of morphia has produced, and the intensely unpleasant consequences which follow its administration by the mouth or rectum, have led, during the past few years, to its introduction in the form of solution into the subcutaneous cellular tissue, by means of a small instrument called the hypodermic syringe, and the process itself has been known as hypodermic injections. The discovery of this method was considered a great advancement by the physicians of the other school, and has, no doubt, been as thoroughly abused in their hands as has every new remedial agent or process which has been brought to their notice. The point to be ascertained in considering this subject is not its value as a therapeutic agent, for the same holds good with

regard to it as to the administration of morphia by the mouth, namely, that it is unscientific in practice, merely palliative in its results, injurious to the system even in ordinary quantities, and ruinous in its effects when used excessively or for a length of time, but whether it is a preferable mode of administering the drug, and possessed of any advantage over the ordinary method of internal medication. On this subject, Flint, in his "Practice of Medicine" (page 685), says "As simply securing temporary relief from pain, that is, as a palliative measure only, its advantages over administration by the mouth are,—the greater promptness with which relief is obtained, the smaller quantity of medicine required, a less amount of interference with the digestive functions, and avoidance of the unpleasant after-effects of opiates in some of the cases in which these effects follow the administration by the mouth or rectum." On the contrary, other physicians deny each and all of these assertions, and contend that the *cito tuto et jucunde* are no more obtained by it than when the drug is administered in the ordinary way. From what I have learned from those who have had experience in their use, I conclude that the only real advantage consists in the fact that the morphia cannot be ejected, but that the nausea produced is not less than when it is administered by the mouth.

However, the principle is the same with regard to the administration of this drug, no matter what method be employed for its introduction into the system—namely, that its indiscriminate use is to be condemned, and even its occasional use discouraged, except when absolutely necessary for the relief of the patient after specifically-indicated remedies have failed. The physician's first duty is certainly to secure the good of his patient; but, before resorting to drugs which are only palliative and, at the same time, injurious, a faithful trial of specifics should be made.

The hypodermic injection of strychnia, atropia and quinia, seems to me less warrantable than the same administration of morphia. If injected merely for the purpose of palliation,—that is, if not specifically indicated, they cannot fail to be productive of hurtful, if not of seriously injurious results;

for, even if the primary effect be apparent relief, the secondary effect will be no less unfavorable since the system will not only have to contend with the disease, violently and unnaturally suppressed and diverted from its accustomed channel, but will also be obliged to suffer from the additional burden of a totally inappropriate and, consequently, unassimilated medicine. If administered for the purpose of cure, the argument in their favor seems to me even still weaker. Experience, and the most extensive and varied experience, has shown that the severest forms of spasm are speedily relieved and readily controlled by the specifically-indicated remedy, in doses more or less infinitesimal, when administered by the mouth. This being the case, it is certainly no improvement in the art of medicine, even to *cure* disease by the one-twentieth, one-sixteenth, or one-eighth of a grain of strychnia or atropia hypodermically injected, when the same result has been obtained, and will be again, from minute and entirely harmless quantities of nux vomica and belladonna, or, if you please, of the alkaloids themselves. To me it seems, though far from desiring to discourage any new discovery of real value, that this and many similar recommendations arise from an apparently insatiable desire for change, a never-to-be-satisfied longing for something new, and that in following them, we leave the simple and unerring path marked out by Hahnemann, and followed, with such brilliant success, by his associates and immediate disciples, and involve ourselves in a maze of intricacies, in which the scientific precision of remedial selection, made according to the provisions of the law of cure, will be lost in the mass of new-fangled, so-called improvements, and our method of practice become as uncertain and unreliable as is that of the other school. That the law of cure is universal in its application I presume no member of this body will deny, and when a remedy, prescribed in accordance with its provisions, fails to afford the desired relief, the prescriber may feel confident that the fault lies in himself or in the impurity of his medicine, and not in the law. Should relief, however, not follow his best efforts, and the comfort of his patient demand palliation, let him resort to it, but not

recommend it as an improvement and as worthy of imitation, when it has long since been supplanted by better things.

But it seems to me that the hypodermic syringe might be advantageously employed for the administration of our potentized remedies, and the interesting question might be solved, whether their introduction into the subcutaneous cellular tissue, immediately at or over the seat of pain, would afford more speedy relief than when administered by the mouth. The solution of this question I would have attempted, but, having, since my appointment on this committee, embarked in a new field of practice, my opportunities have not been favorable to an extent requisite for its thorough elucidation. However, when we consider the celerity with which the properly-selected remedy acts, even in the highest potency, and under the most unfavorable surroundings, there seems nothing left to be desired. The foulest tongue, the most improper diet, and the entire absence of all attention to hygienic laws seems not in the least to nullify the favorable action of the little pellets of the appropriate remedy. Nevertheless, should favorable opportunities occur to me, I shall test the comparative curative powers of highly-potentized medicines, hypodermically injected.

But against hypodermic injections of morphia, atropia, strychnia, quinia, or other drugs, in the doses recommended in the report which gave rise to the appointment of this committee, for the reasons already given, and, except as a last resort, all other means having failed, I desire to enter my protest.

THE HOMŒOPATHIC MATERIA MEDICA.

BY HENRY N. GUERNSEY, M.D., PHILADELPHIA.

In attempting to present a few thoughts on this important subject, I desire to have it understood at starting, that by the term "The Homœopathic Materia Medica" I mean to have reference not alone to the *materies medendi* pertaining to the homœopathic school, but more particularly to the inherent properties of those materials, upon which depends their efficiency in the inaugurating and perfecting of curative processes. And the question naturally propounds itself at this juncture, whether our "Materia Medica," in this latter view of it, has in it anything tangibly reliable, or is, on the other hand, altogether unsubstantial.

In considering the Materia Medica merely as an aggregation of materials selected from the three kingdoms of nature, so called, for the use of men whose business it is to use them for the cure of disease, we need not go back to the early history of medicine to seek for proofs of its substantiality, for enough is before us daily, to evidence the fact that certain things are regarded and set apart as possessing elements of medicinality in a sufficient degree to distinguish them from all other things *not yet* regarded as possessing such property or power;—or constituting, in fact, in the aggregate, the Materia Medica.

But to consider the Materia Medica in accordance with that other definition I have, arbitrarily, perhaps, and for the sake of argument—assigned to it, viz., a series of medicinalities or curative properties. And here the task at once presents its difficulties—these being none the less by reason of the many-sided views that have been taken of it from time to time. I start out, however, with this broad proposition, that our Materia Medica, considered in the inherent curative properties of its materials, is as much a *verity*, as *demonstrable*, as *distinct* in its *integers*, and as *reliably tangible* to the *mind*, as when considered simply as the *aggregated material* from whence these

properties are *derived.* And, *moreover*, that these inherent properties—constituting the *medicinality* of the materials—are *fixed* and *certain* as regards each article individually.

Every article in the mineral kingdom has its own peculiar form of crystallization, its own peculiar density, color, general appearance, etc.; and it is due to *these* that it has a distinctive place in the mineral kingdom, by causing it to differ from any and all others of that kingdom.

Every plant, shrub, or tree has its own peculiar form, its own peculiar leaf, bud, flower, fruit, etc., which gives it distinctive name and rank, by causing it to differ from any and all others of its kingdom.

And so of every animal, bird, fish, insect, or reptile. Each has peculiar properties that serve to constitute them into separate classes; each distinguished and distinguishable from all others of their kingdom.

These differences, existing in the productions of nature, by which they are divided, so to speak, into classes and orders, or genera and species, are due to what may be termed characteristics strictly physical. And these are so unvarying in each case, that the naturalist, skilled in reading them, may, by considering even a single bone of an animal or scale of a fish, give them place in the page of natural history to which they properly belong. It is this principle of uniformity or unvaryingness of characteristics that enables the educated mind of an Agassiz to classify, even from fossil remains, the animals of a bygone age, from the gigantic mammoth to the tiniest crustacea that disported in woods and waters of a prehistoric age.

And not only is this the fact, as is well-known, but *individuality* extends still farther than an arrangement into classes, species, or orders. We have it from divine authority, that "one star differeth from another star in glory," and that even the blades of grass differ from each other, and as the works of nature are revealed to man, even to the innermost recesses of the earth and the depths of the sea, evidence is given that this principle of *differential entity* is carried throughout the so-called kingdoms of nature. Not only does man as an ani-

mal present unvarying characteristics throughout every race and in every clime, by which, even at his lowest, he is distinguished from all other animals; not only does the oak—from that gigantic specimen of its kind, beneath whose foliage Druids held their sacred rites, to the tiniest scrub of Floridian glades—bear on them certain characteristics, by which they are known from all other varieties of trees; not only does that precious metal, gold, differ, and by its natural properties enable us to distinguish it from, all other metals; but, as well, there are as essentially distinctive principles pertaining to each specimen of these classes or species, which secures their individuality; so that one man is unlike and may be distinguished from all other men; one oak tree is unlike and may be distinguished from any and all other oaks; one lump of gold, however similar to another, is unlike, and may be distinguished from any and all other specimens of that metal.

These characteristics or individualities are due to what may be termed the *intra-life* of the animal, the tree, the metal. It is this intra-life that makes of the aggregated materials constituting *cosmos*, individual entities; that gives to all the works of the Creator a freshness and originality, almost, nay quite, incomprehensible to the limited understanding of a creature. The term *intra-life*, as applied to what we are taught to believe is inanimate material, such as metal or mineral, may sound strangely in your ears, but I wish to convey, by using that term, the idea that individuality, or entity of existence, is due to something peculiarly and particularly pertaining to everything, separately considered, in nature.

Now, turning to our Materia Medica, considered as a series of pathogenetic pictures—a *cosmos* of medicinality—and it is in this view alone I propose to consider it—we find the same circumstances pertaining. A *pathogenesis* may resemble in very many particulars one or several others; and this resemblance is sufficient to warrant, for purposes of utility, the classifying of these several *resembling pathogeneses* together; and by these resemblances the medical man is able to assert that a given pathogenesis belongs, in the order of classificatio

to such or such a class. A most excellent example of this is witnessed in the aggregation—by the keen and far-seeing mind of the illustrious Hahnemann—of certain pathogeneses under the class-name of *anti-psorica*. But here, too, as in the natural world, we find it as indisputably true that individuality extends still farther, and that not alone do the characters exist which enable us to divide our pathogeneses into classes, but there are certain effects, or features, or characteristics, so to speak, exhibited in each pathogenesis when complete, which distinguishes it from any and all others. And, to make the figure of comparison still more exact, these characteristics are due to what I shall term the *intra-life* of the pathogenesis; that part of it which so prominently and all-pervadingly exhibits differentiality, and hence individuality.

In the language of our school, these features of pathogeneses have been termed "key-notes" and "characteristics;" but the term applied is immaterial, so long as the fact remains and is recognized, that the action of medicines, or their medicinality, have not only points of general resemblance and of general difference, but points of special difference also, which, presenting, are at once the means of positive recognition.

And this view of our Materia Medica carries with it lessons of great value to us, as physicians upon whose knowledge of our pathogeneses, and skill in individualizing them, the health and the happiness of our fellows so greatly depend. It is almost impossible that any one should mistake a man for a monkey, or *vice versa*, an oak for a pine, or gold for lead; and it is not difficult for an ordinary man to distinguish between men who differ greatly in personal appearance, or to know a great oak from a scrub, or a large lump of gold from a little one; but it takes the *skilled* physiognomist to detect the differences in the facial line, the expression and general contour of individuals who closely resemble each other; and only he who has the nicest sense in such matters would mark the differences in closely-resembling lumps of gold or oaks. You or I could tell our own horse from our neighbors; but the practised groom could pick his master's animals from the largest stud, and the drover singles out his cattle from the

herd with unerring precision, when to us all might look alike. It is by education,—in some cases by intuitive perception, however,—that this is accomplished; by teaching the mind to grasp at once at individualities. And how important is such an education in the Materia Medica to us as Homœopathists, when our success depends so greatly on our ability to individualize. Hahnemann and his most exact follower, Von Bœnninghausen, were the most successful practitioners the world ever saw, and their great success was due more to their skill in individualizing than to any other quality of their great minds. Hahnemann and his followers have left for us a pathogenetic *cosmos*. It is for us, in imitation of our great head and master of his art, so to study this world of medicinality, that each part composing it may be known not only as connected with the whole, not only as constituting one of a class, but as well as possessing *individuality*.

The law of cure is *similia similibus curantur*—likes are cured by likes. How then are we to find the like of the manifestations of a diseased process—which is an *individual process*—in a diseased man—who is an individual—if we do not know our pathogeneses, the one from the other, as certainly as we know our friends apart. How are we to do our whole duty in our calling if we neglect to educate our discriminating faculties in this particular. It is by *neglecting* this that we are led into *uncertainty* in *practice*, to the *alternation of medicines* in *clear violation* of the *letter* and *spirit* of the law of cure and its deduced principles, and to the use of *other* means to effect results which the *single individualized* medicament would have promptly wrought.

Our Materia Medica, then, is a *reality* and *tangible;* a *complexity of fixed forces and facts as readily separable and distinguishable* as are those we find *elsewhere in nature*. And as, in the kingdoms of nature, the things composing them are being brought beneath the ken of men of science, and their *individualities* determined, so, in the *domain* of *medic*
it *behooves* us to *acquaint* ourselves with the *rules* of
ality of our *pathogeneses*, that we may, with as *grea*
of certitude determine from one or a few character

entire pathogenesis, as does an Agassiz, in the natural world, determine the history of an animal by even a single bone in its possibly complex skeleton. And even now, the master-mind of our Hering can, in this domain, readily determine a thorough pathogenesis from one or a few characteristics.

By much labor and patient waiting, the action of a drug on the human organism is fully determined, constituting its pathogenesis. By thought we are enabled to grasp this entire, by comparison we are enabled to note these points of individual difference which give it entity, and separate it from *all* others, and by experience we demonstrate the correctness of our primary view. How important, then, that our drugs be thoroughly proven, that the pathogenetic picture may be perfect; for, being perfect, we can the more readily and certainly single out those points of prominence which give it individuality of character, and which practically utilize it in the highest and best degree.

NEW PROVINGS AND THEIR CHARACTERISTICS.

BY HENRY NOAH MARTIN, M. D., PHILADELPHIA.

Your Committee has to report the following observations, which, although fragmentary, he hopes may prove of value to the profession.

NUX MOSCHATA.—January 7th, 1868, I was called about 2 A.M. to see Mrs. B. S., aged about 30, who was five months pregnant. She was suffering pains similar to labor pains, and gave me the following history: Having a leucorrhœal discharge, she was recommended by a lady friend to take nutmeg for it. She accordingly grated a large one upon an egg and some sugar at 11 A.M. of the morning previous to my call. Between that hour and 5 P.M., she had eaten the whole of it. During the evening she had dulness of senses and loss of control. She could have been led anywhere without resistance. Loss of *will power.* Upper eyelids were swollen and red around border, and drooping. Looked as though she had been weeping. Her hand to her looked red, and as if covered with red spots, and looked too large. Vision indistinct; everything looked red. She now has sensation as if everything had fallen back against the rectum, accompanied with violent straining and urging to stool. Crampy, forcing-down pain in bowels and rectum. Stools large and mushy. *Mouth dry, but no thirst.* The symptoms were all relieved within an hour by a dose of *Nux vomica.*

I called again at 9 A.M. of the same day, and received from her the following description of her symptoms of the evening before. She says:

"I had no desire for water from the time I commenced taking it, at 11 o'clock A. M., yesterday, until 9 P. M. of the same evening, although the mouth and lips were *very* dry. Frequent passages of light-colored urine, clear like well-water, but in small quantities and with constant desire. There was also protrusion of the rectum. Head felt full and expanded,

but without pain. Felt foolishly happy, but could not talk. Had no desire to talk. Never felt so hungry in my life. Could scarcely control my appetite, nor control myself. Everything looked too large; my hand looked double its natural size. Darkness and mist before my eyes. Sensation as if I had been crying. My eyes and lids felt swollen, bulged out. Felt as though a string had been tied tightly around the arms, and all the blood had rushed into my hands. Felt perfectly careless; nothing could have offended me. Stools at first were very black and hard; afterwards watery, and then mushy. Had numbness and fulness of the hands. Walked out last evening with my husband, and reeled and stumbled whilst walking."

DR. HART reports the following interesting accidental proving:

. February 3d, 1870. Mrs. G., æt. 24; mother of two children; sanguine nervous temperament; light hair, blue eyes; was confined about ten days since. Made a rapid recovery from confinement, but, as there was some lochial discharge, a lady friend advised her to take some *nutmeg*.

Took nearly a whole one about 9 A.M. Soon experienced a severe burning sensation in lips, mouth, and throat. About 1 P.M., felt strangely over the whole system, with an almost irresistible desire for sleep, together with a great deal of jactitation of the muscles, and pain and vertigo in frontal region, with great confusion of ideas.

I was called to see her at 4 P.M. Found her sitting in a chair, her husband rubbing her extremities, which she said felt numb.

There were momentary paroxysms of blindness, when she would grasp her head, saying, "How strange my head feels." There was great incoherency on attempting to express her ideas.

Marked muscular erethism, especially of the extremities, simulating chorea. Many ridiculous or extravagant acts or expressions, like idiocy, while she seemed perfectly conscious, and at the next moment would appear chagrined at her con-

duct, and said she could not control her actions. Disposition to laugh or jest at everything. Stupid look for a moment. Changeable humor; one moment laughing, the next crying. Great dryness of lips, mouth and throat, *without thirst.* Strong inclination to sleep without the ability.

Next day there was pain in the lumbar region and considerable prostration, but, as camphor was used rather freely as an antidote, the prostration may in part have depended upon that.

In three or four days she had fully recovered. Lochia was not wholly arrested.

REMARKS.—It would not be proper in this paper to give a detailed history of this drug, and I therefore content myself with a few remarks upon its peculiar *characteristics.*

Spasmodic false labor pains.—It is frequently given by old nurses, after parturition, to produce contraction of the uterus, and thus prevent hemorrhage.

Idiotic expression; want of will power; foolishness; alternations of laughing and weeping.

Vertigo; reeling when walking in the open air. (Is this the case in the house? All our observations mention the "open air.") Sensation of expansion of the skull.

Illusions of vision; numbness and fulness of the hands.

The central characteristic symptom seems to be—and it is one which all provers experience—*great dryness of the mouth and throat without thirst.*

The following proving of *Oleum Cajuputi*, by Dr. Ruden, has many points of interest. The white, moist, sour-bitter, rough tongue in the morning, with sensation as if scalded, and *no thirst*, reminds us of *Pulsatilla;* so also does the position of the arms when sleeping. Sadness and downheartedness, with disposition to cry, and the peculiar desire for food, with disgust at it when brought to him, are all similar to Pulsatilla.

If the eruption like measles was the result of the proving,

it ought to divide the palm with *Pulsatilla* in the treatment of that disease.

Other symptoms will be recognized, which are quite similar to *Baptisia tinct.*, especially the symptom, "Felt as if I could not get myself together."

Several of the symptoms are also similar to *Natr. mur.*, especially, "He does not want to be spoken to."

It ought to be valuable in the treatment of typhoid fever.

The following is the contribution by Dr. Ruden.

PROVING OF OLEUM CAJUPUTI.

BY C. RUDEN, M.D., KANKAKEE CITY, ILLINOIS.

August, 1869. Weather warm and dry. The experimenter being in a healthy condition, and all the functions of the body normal. Temperament lymphatic. Pulse 72.

August 10th, A.M. Took 5 gtts. Burning in the throat down to the stomach; pain in the right lung. After four hours: Erections, with great desire for an embrace. After five hours: Intense itching, aggravated by scratching, lasting two hours. Sleep with amorous dreams, without emissions. At twelve o'clock (midnight) on rising in bed, stitching pain through both knees, lasting a quarter of an hour (never had such pains before). On going out of doors at midnight, could not see; rubbed his eyes to bring sight. Wanted to sleep with his arms locked under his head, for the first time.

August 12th, A.M. No appetite; tongue moist, feels as if scalded, looks white and rough; pulse 70; sensation as of burning in the face (had same sensation last night). On retiring at night, sleep full of amorous dreams. Was called at midnight, and on rising passed water freely. After visiting my patients, retired again and slept soundly until 6 A.M.

August 13th, 8 A.M. Took 7 gtts. After ten minutes: Sticking pain above the orbital arches, relieved by pressing the hand on the parts; worse on removing the hand. After one hour; Soreness across the chest, with pain in the left

shoulder; sensation in the arms as if they were tied to the body, especially the left one; feel cold, and cold sweat all over the body; no thirst and no appetite; pain across the chest.

12 P.M. Took 10 gtts., followed by nausea and pain in the right side, below the ribs.

6 P.M. Pain over the left eye and through the left malar bone. On going to supper, it was with great difficulty that I could walk, from weakness and pain in both knees. Went to bed without supper, and was better on lying down. Was called at 10 P.M. to go in the country; felt as if I could not get myself together, and could not find my clothes for some time, although they were quite near; better in the open air, but on riding, my lungs felt as if they were loose, and that I must hold them together by pressing on them.

August 14th. Passed water this A.M. at 6 o'clock, the first for thirty hours. The urine is dark red, and smells like that of cats. Very (uncommonly) profuse and weakening sweat. Felt very much offended on being called last night.

9 A.M. Joints feel enlarged, with some pain; same kind of pain in both shoulders. Feel all over as if I had been poisoned. Taste in the mouth between sour and bitter; much water in the mouth; want to spit a great deal. Always had salty taste, *now* have sweetish taste. Smoking tobacco makes me feel like vomiting. No appetite; have eaten nothing since yesterday.

12 P.M. Some appetite, but when I get what I had previously desired, then I do not want it. Feeling as if I did not want any one to speak to me.

August 15th, 9½ A.M. Took 10 gtts. Tongue looks white and rough; feels as if it were scalded, and as if the skin would peel off; it looks like a calf's tongue; pulse 74, languid. "He looks around the eyes as if he had taken too much liquor." (Dr. Moore). I was met by an old acquaintance this morning, who asked me if I had not "been on a drunk." On looking down, my nose is most prominent; it looks as if it were large, and extending out from the face.

11½ A.M. Feel sad and down-hearted, as if I could cry; do

not want to be spoken to; feel better in the society of ladies; do not like to talk with the men, but can laugh and make free with the women (am naturally bashful). Left arm feels as if it were out of joint; cannot raise it without pain; pressure on the inside of shoulder-joint gives sharp pain, which seems to act most on the left side; pain in the right eye. On riding into the country last night, had griping pain in the bowels.

August 16th. While taking the medicine I was costive, but now have diarrhœa, watery, yellowish, with itching around the anus; no pain; feel tired and sleepy. Diarrhœa by day, *and worse by night;* bowels moved about ten times; no appetite or thirst.

August 17th. An eruption has made its appearance, as thick as measles, all over the arms and body and upper portion of legs. Frontal headache, worse on bending forward, especially in the eyes.

HYDRASTIS.—While in excellent health, on the 1st of May, 1868, at 8 P.M., I took one dose of *Hydrastis* 10m. In half an hour had heavy pain in the abdomen, as if full of gas, and sensation as if dysentery was approaching. Weak pains down the legs. Urging to urinate, and sensation as if the bowels would move, but nothing but wind passes. Slight pain in back below the kidneys. Some eructations (unusual). Slight tendency to nausea.

May 2d, 4 P.M. Severe neuralgic pain in the right side of head, extending from the occiput to the temple over the ear. It undulates, or comes and goes.

Never had such a pain before.

Being very busy, I neglected to take any note of any other symptoms which may have been developed.

REMARKS.—These symptoms are quite similar to those experienced by provers who have taken the medicine in more material doses. Whether the sensations were the results of the dose mentioned is not for me to decide. It is only my duty to report the exact truth, and for each one who reads to weigh the evidence and judge for himself.

The symptoms, which seem to be characteristic of Hydrastis, are similar to those of *Lycopodium*, especially the gastric symptoms. When *Lyc.* seems to be indicated in indigestion, and does not relieve, *Hydrastis* is likely to accomplish good results.

For the following new and valuable symptoms of GELSEMINUM, I am indebted to Dr. E. M. HALE, of Chicago.

A lady, five months advanced in pregnancy, took Gelseminum $\frac{1}{10}$ dil., for hectic chills and fever. Not arresting the chills in a few days, she grew impatient, and increased the usual dose—two drops—to twenty drops, repeating it every two hours. After the second dose, she had the following symptoms in the order mentioned.

1. Severe pain in the forehead and vertex, *with* dimness of vision; roaring in the ears; a sensation of enlargement of the head, and a "wild feeling"—a confusion—almost amounting to delirium.

2. The *pain* in the head, which was of a pressing, heavy nature, would at times disappear—the concomitant symptoms being at the same time ameliorated—and *severe, sharp labor-like pains would set in, in the uterine region, extending to the back and hips.*

These pains would in turn leave, and the pain in the head would *recur* immediately after.

Each repetition of the dose, and even smaller doses, would cause the same *alternation* of symptoms.

The lady was veracious and intelligent, and was sure that the medicines caused the pains; for on leaving off the drug for a few hours they did not recur until it was resumed. She described the head-symptoms as very similar to those which usually usher in an attack of sick-headache. There was, however, no *nausea* present.

These symptoms of Gelseminum seem to prove its specific action on the cerebro-spinal system, and are important as showing its power of causing *alternating* symptoms, or conditions affecting the head and uterus.

They also prove its homœopathicity to many reflex symp-

toms occurring in women affected with *uterine* ailments—such as headache accompanying dysmenorrhœa, metritis, amenorrhœa; and even those head-symptoms which occur during pregnancy and the puerperal state, or during labor.

There are but few remedies which are applicable to such conditions—namely, Cimicifuga, Sabina, Stramonium, Veratrum vir., and Kali brom.

STILLINGIA SYLV.—Nearly a year ago your committee was called to Norristown, to counsel in a case of secondary syphilis, which had baffled the skill of our accomplished friend, Dr. Mahlon Preston. The young man was suffering extreme torture from bone pains, and something was recommended, which, however, afforded only temporary relief. Subsequently, after having "*tried everything*," resort was had to the celebrated Eclectic specific for syphilis, *Stillingia sylv.* I repeat Dr. Preston's words: "It had a wonderful and, I might almost say, an instantaneous effect. He has slept well ever since he had it, (twenty-four hours, a dose every three hours). The immense nodes have gone from the head and legs: and from the most deplorably down-hearted—sometimes almost raving with discouragement—miserable, thin-looking object, he is changed into a buoyant, joking, rotund-looking fellow. He used to hobble into my office and take a good cry every day."

The success of its use in this case induced Dr. P. to attempt a proving of it. The following are the results of the experiment.

November 6th, 1869. R. E. C., 10 A.M., took five drops tincture in half ounce of water. In half an hour aching pains in *right* leg. Aching pains in *right* foot over instep. Eight or ten hours after, pains as before, with aching pains in *right* hip and *left* foot. After retiring, pains in posterior part of right leg, of an aching character.

November 8th. Took five drops of tinct. in forenoon and five drops of 3d in evening. Two hours after the last dose, felt severe pains in *right* foot, increased on standing and attempting to walk, in upper part of foot over the instep; next morning pains in sole of foot and leg.

November 9th. Afternoon, while driving, pains in *left* lower anterior third of leg. While sitting, some pain in *left* lumbar region, shooting from behind forward; afterward, while riding, pain in both hip-joints, worse from bending backwards or forwards. After getting out and walking, pains increased, with stiffness of joints. While in house, pain in third toe of *right* foot. While walking, pain in metatarsal joint of great toe, running back to heel in both feet. Pain in both external malleoli.

November 10th. Pain in *right* elbow, forearm, and wrist, aggravated by motion. Pains in finger-joints. Aching pain on outside of *right* thigh and leg, running down to foot.

M. P., November 6th, 10 A.M., took five drops of tincture in half ounce of water, while suffering from great soreness of bones and muscles of extremities, caused by severe exercise. After seven or eight hours, soreness was greatly increased, and great aching of the extremities was experienced.

November 8th. In the morning took five drops, same as before. In the evening, pains in *right* elbow and *right* leg, of an aching and pulsating character, with soreness. Aching pains in back, extending down the thighs and legs. Sore aching along the *left* clavicle and in the shoulder.

8½ P.M., took ten drops of 3d. Soreness and aching pain in humerus, on and above the olecranon, not influenced by motion.

November 9th. Aggravating pains in *left* elbow, extending towards shoulder and hand, as though the bones were sore and would separate. Slighter pains, of like character in *right* elbow. Aching also in *left* carpal and metacarpal bones. These pains are temporarily relieved by change of position. Stabbing in *right* knee.

December 6th. Symptoms continue. I feel some of them nearly every day.

W. O. G., November 8th, 8½ P.M., took five drops 3d dil. Two hours after, felt dull, heavy, aching sensation in *right* thigh and leg.

November 9th, 10 A.M., took five drops 3d dil. At 11 A.M., sharp pains in bend of left elbow, increased by hanging down.

November 10th, 9½ A.M. Sharp shooting pains in upper third and inner side of forearm; aggravated by letting limb hang down, and relieved by pressure. 4 P.M., took ten drops 3d dil. in water. At 5 P.M. had sharp shooting pains in both arms, from middle third of humerus down to fingers. 10 P.M., severe sharp shooting in right side of frontal bone, running downward to the eye.

REMARKS.—These fragmentary provings are valuable, as going to prove the just estimate held by the Eclectics of this drug as an antisyphilitic, for we cannot fail to recognize in this record those peculiar and distressing aching pains in the bones, which we have all so often witnessed in those patients who suffer from secondary syphilis.

Your committee has had occasion to use this medicine in one case of disease, presenting similar symptoms, and with excellent results.

It seems to act first upon the right side, and then upon the left, the pains following the direction of the long bones. From the little here revealed it is, of course, impossible to decide what are its peculiar characteristics.

CARBOLIC ACID.—Many valuable provings and observations have recently been made in reference to this agent by Drs. Lilienthal, Haeseler, and others, but have been published in the "Hahnemannian Monthly," and elsewhere.

Dr. Kitchen gives as a characteristic of carbolic acid, "when urinating, always an involuntary discharge of mucus from the anus."

Your committee would suggest its possible value in hooping cough, having known of cases where violent spasmodic coughs have been immediately relieved by inhalations of the atomized vapor of the diluted acid.

RECENT DISCOVERIES IN MEDICAL CHEMISTRY.

BY PEMBERTON DUDLEY, M.D., PHILADELPHIA.

The application of chemistry to medicine takes a wide range. It bears the closest relation to physiology, hygiene, pathology, diagnosis, pharmacy, and therapeutics, It has to do with the air we breathe, the water we drink, the food we eat, the medicine we take, and with all the intricate processes that are constantly going on in the animal organism. Considering this wide range of application, it is strange that, in the estimation of so many physicians, chemistry should occupy such a subordinate position. Possibly much of the indifference manifested in reference to this branch of medical science is attributable to the fact, that so little opportunity is afforded in the ordinary course of medical study for acquiring a practical knowledge of the science, nearly the entire course being devoted to rudiments and theories, without sufficient illustration to render them interesting. True, we have any number of lecture-room experiments, but most of these seem designed rather to excite wonder and arouse curiosity than to impress a knowledge of facts and principles to be made available in a professional career. The time is too short; and, for the sake of securing a more thorough knowledge of this one branch, if for no other reason, we should be earnest in our advocacy of the "three-term" course of study.

While it is true that rapid advances are being made in our knowledge of chemical science, yet a large proportion of the discoveries made in the last few years we find to possess little value to the homœpathic physician, though they do have considerable value to allopathists. I shall not occupy the precious minutes of the session by intruding these upon the notice of the Society. Nor shall I make any report in reference to the chemical preparation of any of our medicines, these coming properly under the head of materia medica. There are two or three subjects, however, that I deem worthy the

consideration of this body, to which I will briefly call attention.

OZONE.—The influence of atmospheric ozone in preventing, or modifying, or producing disease, is engaging the attention of a large number of scientific men, both in Europe and America. Any method therefore, by which this curious substance can be obtained in quantity, will be regarded with interest by all medical men.

According to the theory of Schönbein, every slow oxidation is attended with the formation of ozone, common oxygen not being able to enter into direct combination with any of the elements. Mr. O. Loew presumed that in more rapid oxidation the same phenomenon must occur; and that if the ozone were not destroyed by the high temperature as soon as formed, it might be obtained by a resort to the proper methods. He forced a current of air from a tube into the flame of a Bunsen burner. This air he collected, and found the usual tests to indicate the presence in it of large quantities of ozone. Quite recently it has also been observed that by acting on the binoxide of barium with sulphuric acid, the oxygen evolved is very highly ozonized. Both these methods have a special value by reason of their extreme simplicity.

FILTRATION AS A CHEMICAL AGENCY.—It has generally been supposed that the filtration of liquids could have upon them no other effect than the removal of mechanically suspended impurities. From some recent experiments, however, it is shown that a change also in the chemical character of the liquid frequently occurs, especially by the oxidation of certain chemicals which may be held in solution. This result is doubtless effected by bringing all the liquids in the form of a thin film into direct contact with oxygen, precisely on the same principle by which acetification is hastened, by allowing the liquid to flow slowly over a large quantity of shavings. How far this principle is applied in the *osmoses* of the human body is a question of considerable importance, not yet solved.

PREPARATION OF FLOUR.—A grain of wheat, it is well-known, is divisible into three portions. First, we find a central mass (composing by far the largest portion of the grain), consisting of cells containing starch in large quantity. Surrounding this is a layer of cells containing gluten, while a layer of woody fibre envelops the whole. These divisions can be very distinctly shown by applying to a cross-section of the grain, a very dilute alcoholic solution of iodine, which possesses the property of turning nitrogenous substances yellow. The gluten layer separates as a yellow mass, while the starch cells manifest the characteristic intense blue. In the process of grinding, it is found that the gluten layer adheres closely to the woody portion or bran proper, while it separates easily from the starchy portions. Thus, in bolting, the gluten layer is separated from the flour, and rejected along with the bran. The gluten is by far the most nutritive portion of the grain, containing about fourteen times as much phosphoric acid as the superfine flour, besides being rich in nitrogenous substances. It becomes important therefore to secure this portion, if possible, for use as an article of diet. This object is attained in the *pumpernickel*, or black bread of Westphalia, and also in the Graham bread: the one being made of bran, and the other of unbolted flour. But they are sour and heavy, and disagreeable to the sight of those accustomed to the use of white bread; besides which, the bran unfits them for use in certain disordered conditions of the digestive apparatus, as well as in other diseases. For these reasons they have not come into general use, notwithstanding their well-known nutritive composition.

The difficulty seems to have been effectually overcome by a method patented by Herr E. Weiss, of Basel, Switzerland. It consists in steeping the grain, from fifteen to twenty-five minutes, in a solution made by adding six and three-quarters pounds of caustic soda to one hundred and thirty-three pounds of water. This quantity being sufficient for two thousand pounds of grain. During this process the hull softens and swells, and may then be easily detached by friction. The flour is said to be of an excellent quality, and makes good white

bread, while the waste in grinding is considerably lessened. The value of this process, if brought into general use and found to accomplish all that is claimed for it, can scarcely be over-estimated, especially in its relation to the health of young children.

MORBUS ADDISONII.

BY C. G. RAUE, M.D., PHILADELPHIA.

In a treatise "On the Constitutional and Local Effects of Disease of the Suprarenal Capsules," published in May, 1855, we find the first attempt made by Dr. Thomas Addison to ascribe a certain *peculiar discoloration of the skin to a diseased state of the suprarenal capsule.*

The suprarenal capsules are located at the upper portion of the kidneys. In the fœtus they are larger than the kidneys at birth they are about one-third less in size than the kidneys, and in later years they become still smaller. We know nothing at all of their functions. Addison's statement, was, therefore, looked upon with considerable suspicion, when he proclaimed that a diseased state of these capsules was the cause of remarkable changes in the whole organism, and of even fatal consequences. The complex of these changes he pronounced to be: *anæmia, general weakness and debility, remarkably weak pulsation of the heart, irritability of the stomach, a peculiar discoloration of the skin,* analogous to that which takes place around the nipples and on the linea mediana during pregnancy. This last symptom has given rise to the name of *bronzed skin.* Physiologists now tried to find out the functions of these obscure organs; and Brown-Séquard undertook to prove by experiments that they were indispensable to animal life. His opinions, however, were soon after thoroughly refuted by Harley's experiments. Still, the fact that this peculiar discoloration of the skin indeed coexists with a diseased state of the suprarenal capsules, was confirmed by the observations of numerous physicians near and far; and although Auerbeck, who has written the most elaborate treatise on this subject, acknowledges that diseased suprarenal capsules may and do exist, without any discoloration of the skin, yet the frequency of this combination makes it probable that the bronzed skin and the diseased capsules stand, if not

in a causal, at least in a conditional relation; although this relation has not yet been explained. Some think that the cause of Addison's disease must be looked for in a diseased state of the sympathetic nerve and of the ganglionic system. F. F. Schmidt came to this opinion in consequence of Quekett, and, later, Boogard, having found this nerve in an atrophied condition in persons who had died with this disease. This view was adopted by Oppolzer, Bamberger and many others; even Addison himself, and other English authors (Hutchinson, Harley), had already hinted at an affection of the sympathetic in this disease; and Dr. Habersham says, that "the more fully the disease is known, the more completely will it be traced to the sympathetic nerve." This view seems to be corroborated also by an observation of Dr. A. D. Rockwell, who relates a case of Addison's disease, in the "Physician and Pharmaceutist," March, 1860. In treating this case by general electrization, and placing the negative electrode at the pit of the stomach, and the positive on the neck, a little above the seventh cervical vertebra, it produced invariably a distressing nausea, which, however, became rapidly less marked as the patient gained strength under the influence of electrization, until at last even a most powerful current could be applied without causing this symptom. In health the same method of application never produces this phenomenon. The semilunar ganglion and solar plexus, and also the pneumogastric and phrenic nerves supply nervous filaments to the capsules. The unusual action of even a mild current on the sympathetic nerve in producing nausea, therefore, tends to strengthen the opinion above stated.

Auerbeck considered Addison's disease as a constitutional disorder, which, although regularly associated with a chronic inflammation of the suprarenal capsules, consists, in its real nature, in a specific anæmia, which always terminates fatally, and which is characterized by an abnormal formation of pigment in the cells of the rete Malpighii and the epithelia of the mucous membrane of the buccal cavity. Dr. J. Payr thinks that, as the suprarenal capsules are diseased long before any skin symptoms make their appearance, it might be pos-

sible that just such a specific inflammation would finally bring on all those symptoms which are known as morbus Addisonii. And, as there are reasons for believing that this inflammation of the capsules is an analogue of the destructive, cheesy, inflammatory process in the lungs, as described by Virchow, it might well be supposed that the whole morbid process is a peculiar disturbance of the nutrition of the whole organism, resulting, in the course of time, in an alteration in the functions of the sympathetic and of the large abdominal ganglia, thus finally causing anæmia, asthenia, and the abnormal formation of pigment.

The pathologico-anatomical changes of the suprarenal capsules consist in a chronic inflammation, which, at first, causes these organs to swell to about twice their normal size, in consequence of an albumino-fibrinous exudation. This state is followed by a process of softening and fatty degeneration, which finally terminates in atrophy of the capsules. Sometimes the softened masses are absorbed, leaving calcareous deposits, which, like tubercles, may become enveloped by connecting tissue; whilst at other times the inflammatory process runs acutely to a fatal termination under typhoid or pyæmic symptoms. In accordance with these variations, the disease takes either a shorter or a longer course—from three to five months to as many or more years. In most cases we find both capsules involved in the morbid process.

The discoloration of the skin and mucous membrane of the mouth consists in a deposition of a yellow-brown or brownish-black pigment in the rete Malpighii, entirely analogous to that in the skin of the negro. The cutis remains entirely free from such deposit.

Accumulation of fat is frequently met with in the diseased bodies. Even if other portions of the body are emaciated, fat is generally found in the abdominal walls.

Ecchymoses in the stomach, swelling of the solitary follicles and of Peyer's plaques, and infiltration of the mesenteric glands, are not so constant symptoms of the disease.

As far as is known, Addison's disease attacks only the Caucasian race, of both sexes, but more frequently males than

cular debility, uneasiness and lassitude; sallowness, yellow color of the face; headache, vertigo, growing dark before the eyes, fainting, sleeplessness; coldness of the extremities; apathy and depression of mind, aversion to work; anorexia and bulimy, nausea, vomiting, gastrodynia, sensitiveness to pressure in the epigastrium and abdomen, constipation; pressing pain in the kidneys and loins; muscular twitchings, clonic spasms and epileptic paroxysms; its known action upon chronic glandular disorders.

Natr. m. when nutrition is greatly impaired; tension and heat in the region of the kidneys; earthy, yellow color of the face; brown spots upon the back of the hands; excessive prostration of mind and body, with trembling of the legs; darkness before the eyes; nausea, vomiting, pressing and screwing pain in the stomach; want of appetite; loathing of meat; constipation; pain in the hypochondria and abdomen; aversion to motion and labor; frequent yawning and stretching, with sleepiness, without being able to sleep; coldness of the extremities; prevailing depression of mind, with spells of irritableness and crossness; vertigo on rising from bed and on trying to walk, with faintishness; sensation as after an epileptic fit. Inhalations and baths of Chlor-natrium have proved very beneficial in various localizations of the albuminous crasis, which, in fact, never comes to full development in laborers in saline works.

Iodium. Darker color of the skin; with a sensation of heat, the skin turns brown, grows parchment-like, peels off, and shows underneath the loosened scales a fatty transpiration: thickening of the epidermis; sudden turning of the yellowish color into brown, as if smoked; excessive weakness and debility; muscular weakness and trembling; sadness and depression of spirits; mental torpor; dulness and pain in the head; vertigo; nausea; violent, continuous vomiting; violent, excruciating pain in the stomach; constipation; frequent attacks of gastralgia; drawing and pressing in the region of the kidneys; twitchings; convulsions; epilepsy; paralysis; the formerly yellow face turns brown; red hair turns to a chestnut-brown. Depraved nutrition and its special action upon the

glandular system seems to indicate Iodium quite especially in this disease.

Oleum jecoris aselli ought likewise to be considered, as it belongs to the Iodine group.

Cinch. Yellow, cachectic color of the skin; debility and relaxation of mind and body; aversion to any exertion; irritability, with excessive debility of the nervous system: coldness and trembling of the extremities; darkness before the eyes; purring in the ears; fainting spells; disturbed sleep; loathing; anorexia; vomiting; pain in the stomach and bowels, with constipation and diarrhœa; dull, piercing pain in the region of the kidneys; all symptoms of a *hydræmic* rather than an *albuminous* crasis. In a complication with malaria, however, Cinch. will undoubtedly act favorably. The same may be said of *Chin. sulph.* and *Chin. ars.*

Ferrum. High degree of weakness and muscular paralysis; tremors; sleeplessness; headache; vertigo; earthy, yellow color of the face; constant nausea; vomiting; pressing and cramping pain in the stomach; constipation, etc. These symptoms indicate Iron for the anæmia and asthenia of Addison's disease, although *Iodide of iron* might be preferable.

Phosphorus. Period of evolution, or after excesses in venery. Sickly, yellow color of the face, with sunken features and eyes; brownish dark spots on different parts of the body; tiredness and sudden exhaustion, with fainting; icy coldness of the extremities with trembling; frequent stretching and yawning; headache; vertigo; sleeplessness; downheartedness and irritability; illusions of sight and hearing; loss of appetite alternating with bulimy; burning, cutting, and pressing in the stomach, nausea and vomiting; pains in the hypochondria and abdomen, with constipation or diarrhœa; feeling of weakness and lameness in the small of the back; weakness in the extremities; twitchings and spasms.

Cupr., *Lyc.* and *Carb. veg.* ought also to be carefully considered.

Argentum nitr. shows more than any other remedy a discoloration of the skin and a specific action upon the vagus and sympatheticus. Yet this discoloration has its seat only

in the epithelial layer, whilst in Addison's disease the pigment is deposited in the rete Malpighii. So also are its symptoms of the stomach a consequence of its corrosive influence upon the mucous membrane, whereas, in Addison's disease, not a trace of morbid changes can be found in these membranes. Its tendency is rather to hydræmic than anæmic conditions. Still, now and then, it might be indicated in this disease.

Arsenicum hydrogenizatum is not less problematic, as the discoloration which it causes is only the consequence of a sudden paralysis of the vasomotor nerves. Still, it produces a number of symptoms which might well suggest its application now and then in this disease.

To these therapeutic hints of Dr. J. Payr, of Wurzburg, I might add:

Kali carb. If potassa salts cause paresis of the heart-muscle, *Kali carb.* would correspond well to the remarkable weak pulsations of the heart. Besides, we find, among its symptoms, headaches, vertigo, fainting, great weariness and depression of strength, pain in the small of the back, jerkings in the limbs, spasmodic fits, dark spots on the skin, etc.

Sepia. Complete discouragement; heavy flow of ideas; dulness; cloudiness of the head; vertigo; headache; vanishing of sight; noises in the ears; aversion to all food, especially meat; nausea and vomiting; pains, pressure, cramps in the stomach; pains in the hypochondria; diarrhœa and constipation; pain and painful weariness in the small of the back; weakness of the small of the back in walking; fainting and great weakness; yellow and brown spots on the skin: all of which symptoms correspond with those of an early period of the disease.

Sulphur. Despondency; slowness of mind and body, not disposed to any kind of labor; weary and faint all the time; faint and low-spirited; *walks stooping;* pains of all sorts in the small of the back; nausea; vomiting; pressure, pains and spasms in the stomach and bowels; tremors, spasms, epileptic fits; dark and brown spots on the skin: all of which symptoms, and many more, might be collected, decidedly pointing to the above-described disease, in almost all its stages.

CLINICAL CASES.

BY MICHAEL FRIESE, M. D., HARRISBURG.

Hæmaturia.

Mr. L., æt. about 48, called upon me for advice, after having been treated by an allopathic physician for about six weeks without any benefit. I prescribed, first, Aconite, then Hamamelis, and some other remedies, the pathogenesis of which have bloody urine. This man had no pain,—certainly none about the bladder or kidneys. Being somewhat discouraged, on account of the unyielding character of the disease, I concluded to give him Gallic acid in grain doses, three times a day. After the exhibition of this remedy for about a fortnight, the hemorrhage ceased. He remained free from it about three weeks, when it returned. The Gallic acid was again tried, but failed now to make any impression upon the disease. The patient was at this juncture closely interrogated as to his previous and present general health. I learned now, for the first time, that he was liable to take cold from the least atmospheric change; was easily chilled, even during summer evenings, and that he was subject to catarrhal affections. Thinking that this condition of things might be the cause of the hæmaturia, by driving the blood from the surface, thus taxing the other excretive organs too heavily, I determined to prescribe a remedy which would cover this ground. I selected *Natrum mur.* at the 30th potency, of which he took in all about twelve powders. In one week from the time this remedy was first given the hemorrhage ceased. It is now about a year since that time, and it has not returned yet. I would suggest a practical idea in connection with this case. It is the fact that a medicine will often cure a symptom which has not been developed in provings, and one, too, which may be most prominent in the cas

Induration of the Mammæ.

Mrs. K. had abscess in right mammary gland after her first confinement in 1868. There remained, since that time, a hard lump or induration in the breast, for which I gave her Bell., Conium and Carbo an., from the 3d to the 30th potency, during lactation, without any effect. In the month of March, 1870, I delivered her of her second child. She was in good health, requiring no medicine for the ills which often follow parturition; but the mammary induration was still the same, giving her slight uneasiness. I selected now for this difficulty Conium, 200th potency. One dose was administered with some blank powders to follow. In three days after the administration of the dose, the lump in the breast had disappeared, and has not since been discovered.

Dropsy after Scarlatina.

A boy, aged 10 years, had a mild attack of scarlet fever, and was recovering rapidly, but ventured out of the house too soon, and was caught in a rain-storm. Dropsy soon afterwards set in, his whole body being very much swollen. His scrotum was filled with water, and quite large. The accumulation of water in the abdomen was so extensive as to press up the diaphragm very much, causing great dyspnœa. I think there was very little or no accumulation in the thorax. I treated the patient for the space of a week with Apis[3], Arsen[3]. Digitalis[3], Apocynum[1], and several other remedies, but without improvement, the patient rather growing worse during this time. I now gave him one dose of Apis[200], and in twenty-four hours another dose, after which the patient commenced passing large quantities of urine, and went on rapidly to convalescence. I gave him but two doses of Apis. and no other medicine afterwards.

BATHS.

BY W. WILLIAMSON, M.D., PHILADELPHIA.

Baths are used with three more or less distinct objects in view.

1. In reference to their hygienic effect, including cleanliness.

2. The therapeutic effects of water as a means of treating diseases, and

3. The application of medicated waters, chiefly mineral waters, for the purpose of obtaining the combined effects of the water and of the medicinal agents which it holds in solution.

The first of these divisions will chiefly occupy our attention on the present occasion, allusion to the others being only incidental.

The institution of bathing for purposes of cleanliness, and the invigoration of the body, took place anterior to the date of the most ancient records that have come down to us. From early history we learn that heroes and princes were in the habit of bathing in rivers and warm springs. A little later, we hear of warm baths being administered, and that bathing-rooms were fitted up in the houses of kings and wealthy inhabitants; and that the tendering of a bath to strangers and travellers was considered an act of great hospitality. In the course of events, large public baths were instituted, with separate apartments for the sexes. At Athens we first hear of baths being attached to the gymnasia, and their establishment being provided for by law. The use of the bath was in such great favor with the ancients, particularly the Greeks and the Romans, that its history is intimately interwoven with the history of their times and countries. Its importance was enhanced by the circumstance that the art of war in those days was considered the most honorable of all employments, and the chief avenue to public fame. The great battles of

the ancients were generally decided by a hand-to-hand fight, and hence the high estimation placed on hygienic measures, such as temperance, bathing, athletic exercises, etc., calculated to improve the health and increase the strength and power of endurance of the inhabitants for the purposes of war. This was particularly the case with the nations already referred to —the Greeks and Romans. Among the nations of older times, and with people of a more effeminate character, the institution of bathing constituted a part of their religious observances, and, from the careless and slovenly manner in which the act was performed, contributed but little either to the pleasure or the advantage of the inhabitants in a hygienic point of view. In such cases, the application of water was looked upon more as a sign of moral purification than as a means of cleansing the skin and invigorating the physical man. When clean, pure water was not accessible to the devotee, filthy water and even mud or sand were used as a substitute. If the report of travellers be true, and those ancient people were like their descendants are now, they were not good patterns of cleanliness; for we are told the odor given off by their persons and their clothing is perceptible before they come near enough for common salutation. This circumstance is not so remarkable when we consider that they do not wear movable underclothing and change at night, nor do they sleep in beds as we do, and many of them anoint themselves with oil, which we do not. I would remark, in passing, that among us the people who make the most to do about bathing are not always the most cleanly in their persons, nor do they receive more benefit from bathing, in the way of the promotion and preservation of health, than those who make less fuss about frequent bathing, and more use of good soap and judicious washing.

From a consideration of the offices of the skin, in the elimination of its secretions and excretions, the necessity of removing the effete portions of matter from its surface is plainly manifest. The matter to be removed, being of an oily character, can be disposed of easier and more perfectly by the addition of a little soap than by water alone. Clean water

and good soap are the proper renovators of a soiled skin. Indeed, the skin can hardly be kept in a clean and healthy condition without their application. Washing is as necessary for the purposes of cleanliness as bathing. Too much rubbing in the act of washing should be avoided, as well as too much friction with the towel in wiping the skin after washing. The skin is a delicate organ, and to be kept in a healthy condition must be treated in a manner suitable to its organization. How frequently bathings should be repeated depends on circumstances. Like every other natural want of the system, it should be attended to as often as occasion requires. The difference in organization of some, and the habits and occupation of others, makes a difference in the intervals between the times of bathing necessary in different individuals. Some parts of the body require washing or bathing oftener than others. The hands, face, and neck should be bathed from one to three times every day. The feet and about the larger joints, as the axillas and groins, two or three times a week at least. Putting the feet in cold water every night on going to bed is probably the best hygienic remedy for sick headache known. The whole body should be bathed at least once a week for hygienic purposes. Infants and young children should be washed all over every day.

The coldest spring water of which I have any knowledge is 52 degrees Fahrenheit. Spring and well-water in hilly districts of country ranges from 56 to 60 degrees of the same scale. And in level districts the temperature is somewhat lower. The mean temperature of the Schuylkill water at Philadelphia is from 65 to 70, higher in summer time and lower in winter. The temperature of the sea-water along the coast of New Jersey is about 70 degrees, with the variation of a few degrees during the bathing season; a little colder in June and July, and warmer in August and September.

The division of baths into cold, tepid, warm and hot, is based on the relation which the temperature of the water used for the purpose bears to blood-heat—98 degrees of Fahrenheit's scale.

I have bathed in water of 54 degrees; but that temperature

is entirely too cold for comfortable bathing. Three successive plunges, one minute apart, into water of that temperature will make the skin of a robust man as red as the skin of a boiled lobster.

The temperature of the cold bath, as it is ordinarily used, is from 60 to 70 degrees F.; the tepid bath from 85 to 92 degrees; the warm bath from 95 to 98; and the hot bath from 98 to 112 degrees.

For the purpose of washing and cleansing the skin, the cold and tepid baths are the most desirable. The warm and hot baths should be looked upon more as luxuries than necessities. As a hygienic agent, water is estimated by properties which are independent of the adventitious qualities of heat and medicinal substances which it may hold in solution. As an agent in the treatment of disease, cold, hot, vapor and medicated baths, when skilfully applied, may be of great service. But a consideration of the use of water in this direction is beyond our present purpose.

On plunging into a cold bath, a person experiences a shock, with a sensation of thorough coldness; the circulation recedes from the surface, and there is an evident shrinking of the external parts of the body and limbs; rings that were tight easily slip off the fingers. The skin is at first pale; then assumes a slightly bluish tint; but in a short time, if the subject be robust and healthy and the water not too cold, the shock partially disappears, and an agreeable sensation of warmth diffuses itself over the system, with a feeling of vigor and lightness. The bather should leave the water while these pleasant sensations continue, and, after the free use of towels for the purpose of drying the skin and inviting the capillary circulation to the surface, replace his clothing, and take gentle exercise until reaction is fully established. If the cold bath be too long continued, a second feeling of coldness and shivering will come on, with a sense of oppression and languor, and all benefit of the bath be lost. The same kind of experience attends sea-bathing. The salt water of the sea is more stimulating than fresh, but less applicable to the process of cleansing the skin. The exertion necessary to keep one's feet and to

guard against accident from the dashing of the waves, affords considerable exercise, helps to bring about a healthy reaction, and keeps it up longer, while the excitement attending a bath in the sea raises the pleasant sensations higher than those from a bath in still fresh water. But if the bather stays in the surf too long, the features of the face look sunken, the skin gets bluish, feelings of exhaustion supervene, and many hours may elapse before second reaction takes place. To derive the greatest amount of good, in a hygienic point of view, from sea-bathing, a bath should not be continued longer than fifteen or twenty minutes, nor repeated oftener than once in twenty-four hours. After proper attention is paid to wiping off with comparatively coarse towels, and dressing, moderate exercise should be kept up for a short time before the usual indulgence in a nap. But the taking of stimulants immediately after sea-bathing should be avoided. If lunch is taken at all, it should be very light. The legitimate effects of cold bathing are calmness and tranquility of mind, with a glow of generous warmth over the system, and a light and easy movement of the limbs.

In the tepid and warm bath there is no shock, and there being no depression of the vital forces, no reaction will follow the first application of the water; and, of course, very little if any tonic influence will result from it. But for cleansing purposes they are very much better than the cold bath. Cold water has a constricting effect upon the skin, and to some extent prevents it from parting with the effete matter on its surface, while warm water has a relaxing effect, and thereby facilitates the removal of the small bran-like exfoliations of the cuticle and other impurities, by the process of washing with the addition of a little soap. A warm bath is particularly grateful and refreshing after great muscular exertion, and greatly relieves the fatigue from traveling. A warm bath may be taken, without disadvantage, at night just before retiring, but a cold bath should always be taken in the morning, and followed by moderate exercise. Cold bathing, either in fresh or sea-water, should never be performed soon after eating a hearty meal. For sea-bathing, two or three hours

after breakfast is perhaps the best time. Young children and old people generally do not bear cold bathing well. The systems of the first are too impressible from the cold, and the systems of the latter do not react readily. Tepid water suits them better.

The hot bath should be used cautiously by persons who are not familiar with its effect. It is of doubtful utility to persons in health, and should be classed with the different modes of using water, known as therapeutic applications.

PROGRESSIVE LOCOMOTOR ATAXIA.

BY J. H. P. FROST, M.D., MILTON.

In the following report on Progressive Locomotor Ataxia, the essential nature and history of this recently-described disorder, its symptoms, pathology, causes, diagnosis, prognosis and treatment—allopathic and homœopathic—are briefly noted.

DEFINITION.—Progressive Locomotor Ataxia, from *a* primitive and *taxis* order, means literally progressive failures of co ordination of the locomotor apparatus. This disorder, when actually developed, primarily and principally affects the feet and lower limbs to the knees; subsequently the hands and forearms; finally the muscles in other parts. Duchenne* defines it as "progressive abolition of the faculty of co-ordinating movements, and apparent paralysis contrasting with integrity of the muscular force."

HISTORY AND LITERATURE.—Under the name of Tabes dorsalis, Romberg† gave the earliest account of this disease, and thus at the same time indicated the seat of the degeneration. According to Reynolds,‡ Dr. Todd, as early as 1845, called attention to what he considered as "two kinds of paralysis of motion of the lower extremities; the one consisting purely in the impairment or loss of voluntary motion; the other distinguished by a diminution or total loss of the power of co-ordinating movements." Duchenne, of Boulogne, subsequently (1858) gave a still more complete and discriminating account of this disorder; divided it into three successive stages, and first applied the term *locomotor ataxia*, by which

* "De l'Electrization locialsée, Paris, 1861, p. 547."

† Romberg: "Diseases of the Nervous System," vol. ii.

‡ Reynolds: "System of Medicine," vol. ii. p. 396.

it is now designated as a distinct disease. Trousseau compared the movements of an ataxic patient to those of children walking along a narrow plank or on the edge of a boat: "In order to maintain their equilibrium, they take one step forward, stop, sometimes go backward again, and incline their body to one side or the other, instinctively putting their arms out like a sort of balancing-pole. In fact, their movements resemble those of an unskilled rope-dancer."

In St. George's (London) Hospital Reports for 1866, Dr. J. L. Clarke relates several cases, eight of which appear to have been well marked locomotor ataxia.

The first volume of Pennsylvania Hospital Reports, 1868, contains full descriptions of three cases by Dr. J. H. Hutchinson. And in many of the more important medical journals of the last two or three years may be found interesting notices and reported cases of this disorder. In the Transactions of the New York State Homœopathic Medical Society for 1869 may be found an interesting account of this disorder, by Dr. R. J. McClatchey, of Philadelphia, with cases treated homœopathically. Other authors will be referred to, under the head of Treatment in the present report.

SYMPTOMS.—*First Stage.* Severe pains in the back part of the head, neuralgic, rheumatic, paroxysmal, jerking, lancinating, sharp and shooting pains; pains suddenly appearing and disappearing; burning pains, like an electric spark, through the limbs; severe flying pains in the lower extremities, which come and pass away with the rapidity of lightning; affections of the cranial nerves—the optics and others—resulting in amblyopia, diplopia, ptosis, strabismus, dilatation or contraction of the pupils; excessive prominence of the eyes; affections of the auditory nerve, producing deafness; *tinnitus aurium;* sexual desire exaggerated; spermatorrhœa; priapismus; satyriasis. In the progress of the disorder the sexual powers are weakened, and finally lost. Numbness in the feet and legs, in the hands and arms, and even in the face, while the voluntary muscular powers remain unabated. This stage may continue for months and even for years.

Second Stage. Unsteady, tottering, uncertain gait in walking; *can neither stand nor walk in the dark, or with the eyes closed,* or cannot do so without tottering and fear of falling; "unable to support himself with his feet placed parallel to each other, if directed to look upward or to shut his eyes. He could stand in this position if allowed to fix his eyes on his feet. The muscular force of the limbs was at the same time perfect." "He found it difficult to rise from a chair, and even more difficult to stand when he had gained his feet. His legs and feet were cold and profoundly anæsthetic, and, without the aid of sight, he was unable to tell where they were. On attempting to walk blindfolded, he moved his legs and arms spasmodically and with entirely disproportionate degree of violence, tottering and sprawling about. Notwithstanding his apparent weakness, as manifested in his tottering walk, the grasp of his hands can scarcely be borne, nor can his limbs be flexed against his will." Entire loss of sexual power. According to Althaus, this second stage may last for ten years or more, and is signalized by the appearance of ataxia and decreasing sensibility. There are indeed numerons other symptoms which may arise in this stage and run into the next; but only those which are most common and characteristic have been presented. And it should be observed that the symptoms of these different stages are gathered, not from one, but from a number of cases,—no one of which had them all.

Third Stage. All the symptoms of the second stage constantly increase. The want of the faculty of co-ordinating the muscular actions, which so remarkably distinguishes the second stage, is no doubt still greater in the third; but it is less obvious from the rapid failure of the muscular powers. The muscles themselves become atrophied; incontinence of urine and of feces (which may have appeared in the second stage) indicate that the paralysis extends to other than the locomotor organs; convulsions ensue, and life is lost from failure of action in some vital part. Sometimes the general health continues for a long time unaffected. And, as in cholera,

the intellect usually remains unimpaired, and even a cheerful disposition may be preserved to the last.

PATHOLOGY.—In describing this affection under the name of tabes dorsalis, Romberg fixed its pathological seat where it is now generally deemed to belong. Influenced by some of the primary symptoms, such as pains in the back of the head, various affections of the eyes, and disturbance of vision, Duchenne first located the disorder in the cerebellum; a supposition, rendered still more probable by the former doctrine that the cerebellum was the seat of the co-ordinating power in animals. But in this particular Duchenne afterwards believed himself to be in the wrong, and acknowledged his error. For not only has it been proved, according to Dr. Wm. A. Hammond, that the cerebellum has no exclusive function of any kind; and that, as before admitted, the co-ordinating faculty belongs to the posterior columns of the spinal cord; but repeated post-mortem examinations of cases of locomotor ataxia have failed to find any degeneration in the cerebellum, and have found serious disorganization in the posterior columns of the cord in the dorso-lumbar region. According to Dr. Clarke,* "The morbid anatomy of locomotor ataxia consists chiefly of a certain gray degeneration and disintegration of the posterior columns of the spinal cord, of the posterior roots of the spinal nerves, of the posterior gray substance or cornua, and sometimes of the cerebral nerves."

But, in our own view, Duchenne was not, in the first instance, more than half wrong; nor are the later pathologists more than half right. For even if we do not, with the former, divide locomotor ataxia into three distinct stages, we must admit a primary or formative, and a secondary or fully developed stage. And the primary symptoms, the pains in the back of the head, the disturbance of the muscles of the eye—ptosis, strabismus—the dilation of the pupils, as well as the amblyopia and diplopia, must be referred to the cerebellum or base of the brain as to their local origin, and to the gan-

* "British Medical Journal," July 3d, 1869.

glionic or involuntary rather than to the voluntary portion of the nervous substance, as to their dynamic source. The difficulty of proving a negative, especially in opposition to formerly-established facts, is well known. Carpenter says,* "From experiments upon all classes of vertebrated animals, it has been found that, when the cerebellum is removed, the power of walking, standing, etc., is destroyed. It does not seem that the animal has in any degree lost the voluntary power over its individual muscles; but it cannot *combine* their actions for any general movements of the body." The experiments and conclusions of Rolando and Flourens are to the same effect.† But the medulla oblongata and spinal cord are but prolongations of the cerebellum, with particular applications of this general power of combination; the medulla oblongata controlling the various movements which result in *deglutition* and in *respiration;* and the portion of the spinal cord and its nerves which connect with the muscular apparatus of locomotion in like manner controlling that function. Now it is evident that, although not altogether disconnected from the voluntary nerves, both deglutition and respiration are under the final control of the ganglionic or involuntary nervous system. To a certain extent the same is equally apparent with respect to locomotion. This may be altogether voluntary or partially instinctive and automatic, while nearly all the movements and combinations of forces requisite to standing and maintaining equilibrium are entirely so.

The disorder, therefore, which we are describing, affects, in the first instance, the involuntary portion of the nervous system; and, in our opinion, it begins in the gray ganglionic substance of the cerebellum, where its comparatively feeble influence manifests itself in disturbing the harmonious combination of the small muscles which regulate the position of the eyeballs and lids, and the still more delicate mechanism of the iris. Thence passing over the medulla oblongata, it develops itself in those sensory portions of the spinal cord

* "Principles of Comparative Physiology," Phila., 1854, p. 682.

† Fletcher's "Rudiments of Physiology," Part III. chap. iii.

and nerves which are more immediately concerned with locomotion; and, finally, it involves the muscular apparatus in general, destroying first the involuntary, then the voluntary, powers. The pathological changes, which, in our opinion, are induced by this disorder in the cerebellum, are too minute to be discerned, even if they could be sought for in the first stage, which has never been possible. While in the far-advanced cases, which alone have been examined, the disorganization is found not only involving the sensory ganglia and fibres of the spinal cord and spinal nerves, but also their entire substance,—the pathological development thus corresponding to the successive failure of the involuntary and the voluntary powers. Such cases may be considered as mixed, partaking of the nature of locomotor ataxia and common spinal paralysis. But only by means of the history of each case can the former original disorder be determined. The three stages of Duchenne may be thus characterized by their corresponding symptoms:

I. *Sensational;* primary affection of intercranial ganglia.

II. *Functional;* failure of involuntary powers, from (secondary) affection of vertebral ganglia.

III. *Structural;* failure (in addition) of voluntary powers from disorganization of the spinal cord and nerves.

DIAGNOSIS.—The primary symptoms, acute and temporary, with the exception of the ptosis, can hardly give rise to more than a suspicion of the onset of this terrible chronic malady. Those which may positively determine its presence in the second stage are few and distinct; they are the *insensibility and increasing difficulty of standing or walking without corresponding loss of muscular power, the difficulty being greatly aggravated by attempting to stand, walk, or turn around in the dark, with the eyes closed, or looking upward, and evidently ameliorated by voluntary attention and direct vision.* In the third or more advanced stage, the history of the case, the greater development of the previous symptoms, and the increasing and various paralysis cannot fail to determine the nature of the disorder.

PROGNOSIS.—Since some actual cures have been recorded, even in cases considerably advanced, the prognosis must be regarded as more hopeful than was originally supposed. This is true of the old practice, when the uselessness of certain routine remedies—iodide and bromide of potassa, and strychnine especially—and the utility of others—argentum nitricum and phosphorus in particular have been determined by experience.

But in the homœopathic practice the prognosis should be still more encouraging. For a thorough scrutiny of the premonitory symptoms may lead to the arrest of development of the entire disorder; and, even where we have to begin with cases already developed, the pathogeneses of our remedies will enable us to anticipate clinical experience when wanting, and to double its value when present. Not only are we encouraged by the cures made by those of our own school, but we know that all the real cures reported by the allopaths must be in accordance with the homœopathic law. Such cases may therefore encourage us in giving a favorable prognosis, and aid us in verifying it. Still it must be remembered that the most experienced physicians are often the most guarded in their prognosis, and that they deem it far better to perform more than they promise than to promise more than they perform.

ÆTIOLOGY.—The influences which result in this disorder operate in males rather than in females, and develop their effects mostly between the ages of twenty-two and forty-two, and again between the forty-eighth and fifty-eighth year. It is probable that each individual case accrues from the combination of several causes. For the particular causes, excessive venery, onanism, exposures, alcohol, tobacco, to which this ataxia is usually attributed, prevail in the highest degree in the majority of persons without inducing this disorder. What the precise condition of the system is which enables these influences to produce this disease is still unknown, and we know as little of the particular combination which may be thus effective. According to Dr. Lippe, an acute observer of

large experience, "in all cases of men of about the age of forty years, suffering from this disease, it can safely be traced to an attack of syphilis, in which the chancres had been treated by nitrate of silver and mercury." And in this he claims to be corroborated by the observations of others. In a series of cases related by Friedrich,* the father of the four patients was a confirmed drunkard, and the wife gave it as her belief that the children were begotten while he was intoxicated. Whatever may be the causes, they are deeply seated, long in maturing, slow in their operation, and very gradual in their development. This would naturally be the case with an *hereditary miasm* of some special sort, originally latent in the ganglia, which modified and intensified by excess or particular poisons, like tobacco or syphilis, becomes productive of mischief purely local in the ganglionic and other nerve substance, from sheer inability to develop itself in any other and more external tissues.

TREATMENT.—*Allopathic.* Cold water has been found of service. Electrization has excited a decidedly favorable influence in some cases in the second stage. In others, more advanced, the pains have been relieved, but no permanent improvement or change made in the character or progress of the disorder.† According to Althaus, "Faradization is of no use; galvanism avails against some symptoms without curing the disease. Iodide and bromide of potassa have been used without beneficial results. Iodide of iron is of doubtful utility, while strychnine proves positively injurious."

Nitrate of Silver, in the practice of Wunderlich, wrought several cures, and benefited other cases. Althaus recommends it as the most reliable of all curative agents in this disorder. He advised from one-tenth to one-half a grain, two or three times a day, in connection with from ten to twenty grains of phosphate of lime.

"Phosphate of iron, in one drachm doses, three times a

* Schmidt, "Jahrbucher," 1867; quoted by Dr. McClatchey.

† Dr. Rockwell, "Quarterly Journal Psych. Med.," vol. iii.

day, the passing of the interrupted magneto-electric current along the limbs, and a full nourishing diet" greatly improved an Italian suffering with this disease in a Dublin Hospital.*

Phosphorus has been given in this disease with good results by Dr. Baumetz.† After an elaborate study of the action of this drug, he concludes that "Phosphorus appears to have a favorable influence in progressive locomotor ataxia; that it acts as an excitant and as a tonic to the nervous system, and returns to the nervous system an indispensable element; and that its administration should be commenced in small doses of about the sixtieth of a grain, and increased gradually till the dose of one-sixth of a grain is reached, ceasing its exhibition when digestive troubles supervene.‡ In the form of dilute phosphoric acid, from 15 to 20 drops three times a day, this remedy effected a very great improvement in a case reported by Dr. W. Lambert.§ He, however, used the pyrophosphate of iron on alternate weeks, and applied magneto-electricity every other day.

TREATMENT, HOMŒOPATHIC.

Æsculus h., recommended by Dr. Lippe.‖

ALUMINIUM MET.—The first volume of the "Am. Hom. Review," December, 1868, p. 471, contains a clear and distinctive description of locomotor ataxia, under the name of tabes dorsalis, by Dr. C. von Boenninghausen, with a remarkable case cured by *Alumin. met.* Compare Alumina in "Hahnemann's Chronic Diseases," Symptoms, 981 to 1012, quoted by Dr. Lippe, and also Dr. Ruhfus's case of chronic cerebro-spinal disease, cured by Alumin. met.¶

* "Quart. Jour. Pysch. Med.," vol. iii. p. 534.

† "N. Y. Med. Journal," Sept., 1868.

‡ "Quart. Jour. Psych. Med.," vol. ii. p. 801.

§ "N. Y. Med. Journal," Feb., 1869, p. 482.

Dr. R. R. Gregg's "Hom. Quarterly," April, 1870; "Tabes Dorsalis," by Dr. Ad. Lippe; our subsequent mention of Dr. Lippe refers to this article.

¶ "Am. Hom. Review," vol. iv., May, 1864, p. 513.

Argentum nit., recommended by Grauvogl, where what he calls a "carbo-nitrogenous constitution" is present. According to Dr. Mueller, of Vienna, "It is in the abdominal ganglionic system that the power of this drug seems to be concentrated in the first place, and from which it irradiates as from a focus.* It has many pathogenetic symptoms which account for its usefulness even in allopathic hands, and which may render it of the highest value for us in locomotor ataxia; such as *Paralytic heaviness and debility of the lower limbs, so that she did not know where to put them. Staggering gait in the open air.* He vacillates when walking, feeling moreover extremely uncomfortable in the whole body and unsteady in his limbs."†

Arsenicum will, of course, be thoroughly studied in every case of ataxia.

Belladonna, recommended by Hughes in his "Therapeutics." According to Dr. McClatchey, *Atropia* may prove to be more homœopathic to ataxia than the plant from which it is derived.

COCCULUS.—Dr. McClatchey‡ reports the use of this remedy in one case, which was probably too far advanced to be cured by any medicine. He gives also a case reported to him by Dr. C. J. Wiltbank, who cured with Cocculus a young woman suffering from ataxia. Nux v., previously exhibited, did no good.

GELSEMINUM.—Dr. McClatchey§ reports the case of an ataxic patient, cured with "powders of *Sach. lac.*, well saturated with tincture of *Gels.*, after the third, sixth and two-hundredth had failed to produce any improvement.

Nux mosch., recommended for tabes dorsalis, by Dr. Lippe.‖

* "Symptomen-Codex," i. p. 134.

† *Ibid*, i. p. 146, 147.

‡ "N. Y. State Hom. Med. Soc. Transactions," 1869, p. 186.

§ *Ibid*, p. 181.

‖ "Text-Book of Mat. Med.," p. 483, and Gregg's "Quarterly," *loc. cit.*

Nux vom., recommended by Dr. Lippe. While Atropia may be more suited to this disorder than Bell., *Strychnia* is certainly not so well adapted to it as Nux v. My own personal proving of strychnine, carried to the extent of producing spasms and trismus, shows why the allopathic use of this drug in ataxia has always proved a failure. I experienced *entire loss of voluntary power in the lower limbs, without previous or accompanying sense of pain or loss of sensibility in them.* The action of the drug was only revealed by my falling helpless upon the floor, when attempting to leave the sofa upon which I had been reclining and reading a newspaper.

Phosphorus.—Bachr's recommendation of this remedy in cases of myelitis resulting from sexual excesses, applies equally to *ataxia*. Under the head of tabes dorsalis, this author gives a very imperfect and indistinct description of progressive locomotor ataxia, which he terms a gradually increasing paralysis of the spinal marrow,* and for which, he recommends the remedies, Silicia, Causticum, Alum met., and Phosph, upon which latter, however, he throws some doubt. This remedy seems to be indicated alike by the causes and by the consequences of ataxia; by its earliest as well as by its latest symptoms. For an exhaustive study of this remedy in this connection—pathogenetic and clinical, from both allopathic and homœopathic sources - see Dr. Gallavardin's article "On Phosphoric Paralysis."† Professor Mayer says, as the result of his experiments on animals, "Phosphorus acts specifically on the nerves of voluntary motion, . . . and equally on the nerves of involuntary motion."‡ Dr. Lippe quotes symptoms from Hahnemann's "Chronic Diseases," which explain the allopathic cures of ataxia by this drug, and which will enable us to apply it to our own cases with scientific precision. Next to Alum met.,

* "The Science of Therapeutics."

† "British Journ. of Hom.," July, 1862, translated from "L'Art Medicale," April, 1862.

‡ Quoted by Dr. Gallavardin.

Phosphorus seems to give the greatest promise of curing ataxia.

PINUS SYLVESTRIS.—Dr. McClatchey gives an interesting account of the use of this remedy in the form of baths, prepared by adding two tablespoonfuls of the tincture to a gallon of water, by means of which he cured a little girl, apparently ataxic.*

PLUMBUM.—Dr. Krieger, of Berne, Switzerland, related a case of advanced tabes dorsalis with almost complete paralysis, as regards motion, of the lower extremities. It was completely cured by Plumbum[30], and the patient has for two years past been able to attend to his business as before his illness.†

Silicia, very highly recommended by Dr. Black and others in the treatment of tabes dorsalis, will of course be thoroughly studied.

Stramonium. Dr. H. N. Guernsey reports a case of locomotor ataxia, characterized by inability to stand or walk in the dark, which he cured with this medicine.

Sulphur is mentioned by Dr. Lippe as an important remedy in tabes dorsalis, and as one that "will often follow well after Nux v.

Cobalt, *Sepia* and *Zinc* are also indicated by Dr. Lippe in connection with Nux mosch., as needing to be studied, especially *when the pain in the back is worse while sitting.*

Other remedies might be mentioned on grounds purely speculative; some of them no doubt destined to play important parts in the homœopathic treatment of locomotor ataxia; but these are all, so far as is known, which have been employed hitherto in this disorder.

* "N. Y. Transactions," *loc. cit.*

† "Am. Hom. Review," vol. iii., March, 1863, p. 428.

TREASURER'S REPORT.

DR. *W. James Blakely, M.D., in account with Homœopathic Medical Society of Pennsylvania.* CR.

1870.	To amount collected during the year, ending at the meeting held at Erie,	$212 00	1870.	By amount paid on old Transactions (1868),	$ 40 75
	To amount advanced by Committee on Publication,	6 53		By amount paid Janitor at Wilkesbarre meeting,	10 00
				By amount for printing circulars (1868),	14 00
				By amount paid on account of Transactions for 1869,	120 00
				By postage and paper Rec. Sec.,	11 00
				By printing and postage Cor. Sec.,	14 00
				By amount due Dr. R. J. McClatchey at last meeting unpaid,	3 78
				By amount for sending out Transactions to members,	5 00
	Total,	$218 53		Total,	$218 53

The Auditing Committee respectfully report that they have examined the Treasurer's accounts and vouchers, and find them correct.

C. H. HAESELER,
J. H. MCCLELLAND, } *Auditing Committee.*

PROCEEDINGS

OF THE

SIXTH ANNUAL SESSION

OF THE

Homœopathic Medical Society

OF THE STATE OF PENNSYLVANIA.

Held at Harrisburg, February 1st and 2d, 1871.

The Sixth Annual Session of the *Homœopathic Medical Society of Pennsylvania* was held in the Senate Committee Rooms of the Capitol on Wednesday and Thursday, February 1st and 2d, 1871.

First Day—Morning Session.

The Society was called to order promptly at 10 o'clock by the President, Marcellin Coté, M.D., of Pittsburg. The Rev. Mr. Snyder, of Harrisburg, opened the session with prayer.

The President then addressed the Society as follows:

Gentlemen and members of the Homœopathic Medical Society of Pennsylvania:

Allow me to thank you for the honor you have conferred upon me by electing me your President. Allow me also to thank you for your large attendance at this annual meeting. In responding to the earnest call of our Society, I feel that you appreciate the importance of our situation; for this reason you have been willing to leave the field of your labors to be present with us here.

If individual efforts, as we may say, without any organization, have been able to bring homœopathy to the high standing that it possesses through the whole country as a scientific and practical system of medicine, within the short period of forty-two years since its introduction into this State, what could we do and accomplish if we were properly organized and united in our energies to work for the great system of Hahnemann? Gentlemen, I dare not tell you, but very soon time would demonstrate to you greater results than even our most sanguine believers hope to realize.

Organization is the important work of this day, and allow me to make a few suggestions on the subject.

In the first place I would urge upon you the necessity of obtaining from the State legislature a charter for our Society, with a medical bill attached, to regulate the practice of homœopathy in this State, and the qualifications of students who desire to study the same, to authorize and legalize county societies or districts of counties, to adopt a uniformity of rules and regulations for our public institutions, colleges, hospitals, dispensaries, and county societies. The present medical bill of our State is almost a dead letter. It may have had its advantages, but it is certainly ruinous to the safety of human life. Let us show to the commonwealth that we want to recognize only properly educated men in the medical profession, and men well informed in all the collateral branches.

Our Colleges.—We are proud to tell you that the first chartered homœopathic medical college in the United States, and perhaps in the world, was founded in this State, and established at Philadelphia; and that the originators and founders of this institution have accomplished wonders; and, unaided, these philanthropists have sustained and brought it to the high standard of medical education which now commands the respect and confidence of the whole country.

We would suggest to the trustees of our college the importance of increasing their capital. To accomplish this I would suggest that all the homœpathic physicians and wealthy patrons in the State be solicited to take stock in this institu-

tion, for the purpose of raising a sufficient amount of money to erect, in a suitable place, college and hospital buildings sufficiently large to meet the wants not only of our own State, but also of the Southern States, which, by geographical position, we can command. We have now a good corps of professors; and, if they were better compensated for their services, they could then give more time to the institution, and make it the first medical college in the land. At the present time this is what we need. It is not only our interest, but the interest of our patrons, who are willing to live and die in our hands, to have such an institution for the proper education of our medical students.

Our Hospitals and Dispensaries.—Homœopathy, since its origin in this country, has spread rapidly among the educated, wealthy and middle classes of society. In order to reach the poor and ignorant, and make our system of medicine universal throughout the whole land, we should have our hospitals and dispensaries where we can publicly demonstrate the superiority and advantages of homœopathy over all other systems of medicine.

We are pleased that this State was also the first to initiate these institutions, and that we have already two hospitals in full operation, one at Philadelphia and the other at Pittsburg. The one at Pittsburg has been in successful operation for the last four and a half years, has accomplished a great deal of good, and stands very high in the community.

We have also several dispensaries throughout the State, which are doing the great work of popularizing our system. We *do realize* the importance and influence of these dispenpensaries where they exist. Let us have them in every place of any importance.

Our Journals are our food, our strength, our power and our life. In this State we can boast of the "*Hahnemannian Monthly*" as one of them; and, if the editors have done all this for us, let us at least pay them well for their services. Every homœopathic physician should subscribe to our journals. They

have stood the test, and now let them reap the benefit of their labors.

Subscriptions to homœopathic and even to allopathic journals are the best investment that a physician can make. We must keep up with the advancement of the age, or die. I would suggest the establishment in this State of a popular journal on mental, moral, social, and physical hygiene. Such a journal, properly conducted, would be productive of the highest benefits to morality, health, and prosperity in our commonwealth. It is very much needed; and let us furnish to our patrons the great want of the present time. By such teaching, we would soon see men, from sixty to eighty years of age, strong and vigorous in body and mind. Women would not lose their beauty and health at twenty, but become stronger, healthier and prettier; and at forty-five years we would have the *beau-ideal* of the perfect companion of man. We would then see our American firesides surrounded with large and healthy families. We would be proud of it, and none would shrink from such responsibilities. I hope, gentlemen, you will give to this subject your most *earnest* considerations.

Our Religion in connection with our Public Institutions.—As homœopathy in its present condition has to depend entirely on the private contributions of its adherents to erect, maintain and support its public institutions, and as these public institutions have to be established on the most liberal principles, in order to interest all classes of different denominations, what are we going to do with the question of public worship or divine services on Sunday, as any good citizen would like to see in all public institutions? Gentlemen, this is a subject of great consideration and difficult to settle. Public worship or divine services in hospitals, or any other institutions, are not for the gratification or satisfaction of its benefactors, originators, or outsiders, but it is for the necessities and the good of its inmates. If you bring a Catholic, Episcopalian, Presbyterian, Baptist, Methodist, or a Jew minister to perform this duty, what right have you to impose his

teaching upon all other inmates of different creeds? None! There is no necessity for it, and no good to be derived from it. Moreover, it is not practicable. Union services are acknowledged to be perfect failures, and, nine times out of ten, are religious frauds. *Never* have them, if you can prevent it. They will bring dissensions instead of good; and eventually will destroy your institutions, or lead to sectarianism. Before you establish such institutions have this questions settled and well understood,—that every man will have the right to his own religion at his bedside, and nothing else; then you will have peace and harmony among your corporators and inmates, and you will be sustained by all classes of different denominations.

Our Departed Members.—In looking over this meeting I see the empty seat of one who has been connected with homœopathy in this State nearly since its origin; one who was always at his post in every county, state, and national society. I can say, with sincerity and confidence, that no man has done more for the advancement of our system in Pennsylvania and in the United States than Walter Williamson, M.D. The loss for us, gentlemen, is great, and we will feel it for a long time; but, if we are deprived of his presence in our meetings, in our discussions and deliberations we will always have his example that he has left us as the greatest inheritance that we could ever receive. We sympathize with the afflicted family, and we can tell them that if they have lost their beloved husband and father, we have also lost one of our best friends. I hope that a memorial will be presented during this session upon our distinguished member.

In conclusion, gentlemen, let me again remind you of the importance of united efforts in perfecting our organization; thus hastening on our progress and development, keeping, as heretofore, in advance of other systems in great medical discoveries, firmly believing, as the wheel of time rolls irresistably on, it will crush out superstition and false theories of practice, and bring out all over our land, in beauty,

in truth, and in reality, our great principle, "*Similia similibus curantur.*"

The roll was then called by the Recording Secretary, Dr. Bushrod W. James, of Philadelphia, when it was found that a large number of members were present, representing nearly every county in the State.

Propositions for membership being then in order, and there being but a single member of the Board of Censors present, viz., Dr. J. H. McClelland, of Pittsburg, the President appointed Drs. J. F. Cooper, of Allegheny City, and W. H. Cook, of Carlisle, censors *pro tem.* to complete the board.

The following propositions for membership were then submitted, and referred to the Board of Censors:

E. F. Goersen, Philadelphia; O. T. Huebener, Litiz; Robt. P. Mercer, Chester; C. S. Middleton, Philadelphia; H. R. Fetterhoff, Newville; W. C. Borland, Pittsburg; W. Wilson, Allegheny City; R. L. McIntire, Allegheny City; E. A. Wareheim, Glen Rock; Thomas Wallace, Allegheny City.

The *Report of the Treasurer*, Dr. O. B. Gause, of Philadelphia, was read, and referred to Drs. J. H. Marsden, of York Sulphur Springs, and J. B. Wood, of West Chester, who were appointed by the President to act as auditors.

Reports of *Delegates* from the Society to other medical bodies were then called for.

Dr. O. B. Gause made a verbal report on behalf of the delegates from the State Society to the twenty-seventh anniversary of the American Institute of Homœopathy, held at Chicago in June last. He referred to the fact that this Society, at its meeting in Erie, had instructed its delegates to unite with the delegate from the Philadelphia County Medical Society in inviting the Institute to meet in Philadelphia in June next, and that their invitation had been accepted on the part of the Institute.

Dr. W. M. Williamson moved, and it was carried, that, inasmuch as a Committee of Arrangements had been appointed by the Institute, the membership of which extended throughout the State, a committee be appointed on behalf of the So-

ciety, to confer with the Committee of Arrangements at the meeting of that committee, which was called for that evening after the annual address.

DR. B. W. JAMES reported that he had attended the meeting of the New Jersey State Medical Society, and found that society to be in a very flourishing condition, and homœopathy in that State to be rapidly gaining ground. An act has recently been passed by the State legislature equalizing the status of homœopathic and allopathic practitioners.

DR. W. M. WILLIAMSON reported that his father, the late Dr. W. Williamson, who was delegate to the New York State Homœopathic Medical Society, had attended the annual meeting of that organization.

DR. R. J. MCCLATCHEY reported progress on behalf of the Committee on Charter and the Committee of Publication.

The Auditors reported that they had examined the accounts and vouchers of the Treasurer, Dr. O. B. Gause, and found them correct; whereupon the *Treasurer's Report* was accepted and the Auditors discharged.

Reports from county medical societies, public institutions, etc., being next in order,

Dr. W. M. WILLIAMSON offered the following report from the

Philadelphia County Homœopathic Medical Society.

I beg leave to report that the Society which I have the honor to represent on this occasion, holds its regular meetings on the second Thursday of each month, excepting July and August, and is in good condition, having a membership of eighty and an average attendance of about forty. At each of its meetings, papers on some medical or other scientific subject are read, and discussions had thereon by the members. These papers and the discussions (the latter being faithfully reported by the Secretary, Dr. R. J. McClatchey) are published in the "Hahnemannian Monthly," and are widely read. The Society takes an active interest in everything that relates to the progress and welfare of homœopathy. Quite recently, some very interesting matters have been discussed and acted

on in this relation. The endorsement by homœopathic physicians of quack medicines, bitters, etc. has been condemned. The matter of the removal of homœopathic physicians from positions under the government, such as examiners for pensions, has received the attention of the Society, and a committee has been appointed to investigate the affair, and is now engaged in the performance of its duties. In this connection I would call the attention of the State Society to this matter, and ask them to take action. As the Committee of the Philadelphia County Medical Society to examine and report on the removal of homœopathists from the pension bureau, I shall be able to bring before the State Society all the information I have thus far collected. The matter of the establishment of a *National University* has likewise engaged the attention of the Society, and a petition is now being circulated by the physicians of the city for signatures, to be presented to Congress, praying the establishment of suitable departments of homœopathy in the University whenever it shall be established.

Dr. JAS. H. MCCLELLAND presented the following report from the

Homœopathic Medical Society of Allegheny County.

The past year of the Society has not been one of entire inactivity. The total membership is about thirty, divided as follows: active members, 19; associate (students) 9; honorary, 1.

The meetings which occur on the second Friday of the month at the *Homœopathic Hospital*, Pittsburg, are mostly well attended, and of an interesting and instructive character. Several highly-interesting papers have been presented and discussed, and active measures adopted to further the interests of the State Society and the American Institute. Circulars have been issued and petitions printed, to which numerous signatures have been procured, in furtherance of the movement to secure a chair of homœopathy in the proposed National University; and our State legislature has been memorialized to have the act regulating the practice of medicine, now applying

to a large part of the State, extended also to Allegheny County.

The delegates to this meeting of your honorable body, consisting of Drs. Cooper, Burgher, Childs, Coté and McClelland, have been instructed to present several matters of interest to the Society, and Dr. Childs has been designated to offer the same.

The officers for the year 1871 are as follows:

President, J. C. Burgher, M.D.

Vice-President, Wm. R. Childs, M.D.

Secretary, J. H. McClelland, M.D.

Treasurer, C. P. Seip, M.D.

Board of Censors, M. Coté, M.D., H. Hoffmann, M.D., J. S. Rankin, M.D.

DR. JAS. B. WOOD offered the following report as delegate from the

Homœopathic Medical Society of Chester, Delaware and Montgomery Counties.

We are glad to have the opportunity of again reporting the progress of this society; and if we have effected anything in the past year to aid in the enlightenment of our fellow-practitioners upon our all-important and truly great science, we will have accomplished our desire; and, although it may be but little, if each society in the State contributes its mite, the result will be manifest in the onward movement of the good work towards that consummation when it will stand first to receive the sanction of every intelligent and thinking mind within the bounds of its dominion.

We cannot too strongly urge upon the practitioners in each and every county the necessity of banding themselves together for mutual improvement; for truly "in union there is strength;" and it will require our united and untiring efforts to dispel the prejudice which is, as yet, iron-bound to the minds of many toward our worthy reform.

The Society meets four times yearly, at Chester, on Hahnemann's birthday (in April); at West Chester in October (the

yearly meeting), and in July and January with the members in other places as selected by the Society. During the past year there have been many subjects discussed, both interesting and instructive.

DR. M. PRESTON has contributed an article on Pertussis, in which he used with success the following remedies,—viz, Anacard. orient.,[200] Bell.,[200] Bry.,[200] Cina.,[200] Carbo v.,[200] Corral. rub.,[200] Cuprum, Conium, Coccus cacti, Hepar s., Iodine, Lach., Niccolum, Phos., Tart. em. and Kali c.

Also upon the use of Stront. carb. in threatened apoplexy, with disease of the heart and asthmatic attacks.

Two cases of *Neuralgia* of the head and face, aggravated by lying down or uncovering the parts. Cured with Strontia carb.[200]

A case of retention of urine, cured by Podolph pel.[200]

Also upon the use of Millefolium[200] in post partum hemorrhage; and upon the use of Ars. iod., three-tenths trit. in whitlow, to relieve pain and produce sleep, as recommended by Dr. Martin.

DR. W. O. GRIGGS presented a paper on Neuralgia of the Bowels, cured by Bell.[200], after the unsuccessful use of Verat. and Camph.

DR. I. D. JOHNSON reported a similar case, in which the 3d and 30th of Bell. failed, and it was cured by the 200th; also a case of Metritis, cured by the same remedy.

Dr. J. also reported cases of *Puerperal Convulsions*, cured by Bell., Stram., Ign. and Opium.

DR. C. PRESTON reported a case of rigidity of the limbs in a child, who had been scalded on the top of the head and treated with Strychnia, cured by Rhus.,[200] Merc. v.[200] and sul.[200] Dr. P. stated that he had tried Phytol. dec. in diphtheria, but without success, but had found it an excellent remedy in quinsy.

DR. J. B. WOOD read a paper on the use of Rubber Plate in Dentistry.

Dr. W. also reported cases of uterine hemorrhage cured by Apocynum cannabinum, and advised the use of Nitr. sulph. for the relief of pain in whitlow.

Reported a case of prolapse of the bladder during pregnancy returned to its place when lying down.

Also presented a petition to Congress for the establishment of a chair of homœopathy in the proposed National University at Washington.

DR. R. C. SMEDLEY reported a case of spasms following typhoid fever, in which the patient's limbs were flexed upon the body with a sudden jerk, and then as forcibly extended; then the body would be tossed on to the right side, and then on to the back; there was a loss of power in the cervical muscles. The spasms had continued five hours, when they were controlled by Nux v.^{3} one-tenth, every half hour.

Dr. S. also reported on the use of Ustilago madis and Sabina in uterine hemorrhage.

A case of ulceration of the margin of the eyelids, cured by Euphrasia^{200}, and upon the cure of hydrocele of the left testicle by Sulph.^{30}

At our April meeting there was a resolution passed, "That we deem it unprofessional in homœopathic physicians to attend *gratis* the families of those practising homœopathy without a diploma."

The officers of the Society are as follows:

President, Mahlon Preston, M.D.

Vice-President, I. D. Johnson, M.D.

Secretary, T. Pratt, M.D.

Treasurer, R. C. Smedley, M.D.

DR. J. H. MARSDEN reported on behalf of the

Cumberland Valley Homœopathic Medical Society.

He stated that the Society was in a prosperous condition; its meetings being usually well attended. Papers of value are frequently read, and discussions had thereon, which are interesting and valuable. He was happy to be able to report that the interest in the Society taken by the members is on the increase, and that the average attendance is higher.

DR. O. B. GAUSE stated that, inasmuch as Dr. H. N. Martin, the delegate from the *Hahnemann Hospital and Dispensary*

had not yet arrived, he would therefore ask that he be privileged to send his report to the committee of publication should he not reach Harrisburg prior to the adjournment of the Society. On motion, the privilege asked was unanimously granted.*

DR. PEMBERTON DUDLEY presented and read the following report from Dr. Mahlon M. Walker, physician to the

Germantown Homœopathic Dispensary.

A Homœopathic Dispensary was established, and has been in successful operation, in Germantown, Philadelphia, Pa., one and a half years.

During the first year 330 cases were treated, of which 230 were cured, 59 improved, 23 did not report, 37 remained under treatment, and 3 died.

518 visits were made, and 1303 prescriptions furnished free of charge.

During the five months ending Dec. 31, 1870, 283 cases were treated, of which 252, or 87.2 per cent., were cured, 32 improved, and 1 died.

325 visits were made, and 631 prescriptions furnished, free of charge.

The expenses of the institution are paid by private subscriptions.

MAHLON M. WALKER, M.D.,
Attending Physician.

DR. J. C. BURGHER made the following report as delegate from the

Homœopathic Medical and Surgical Hospital and Dispensary of Pittsbury, Pa.

This Institution has rapidly grown in public favor, and has already taken rank among the oldest and most flourishing in the city; while its complete appointments and admirable internal management may challenge favorable comparison with the very best in the land.

* This Report has not been received. (Com. of Pub.)

During the first year of its operation there were only ninety-nine patients admitted to its wards; the second, one hundred and forty-seven; the third year, one hundred and fifty-eight; the fourth, two hundred and sixteen; while, during the *ten* months of the current fiscal year, ending on the 31st day of January, 1871, two hundred and thirty-nine were admitted, and the free prescriptions issued to the poor from the Dispensary department have proportionally increased.

At the close of the fiscal year of the Institution (March 31st), a detailed report of its workings will be published, embracing a tabular statement of the diseases treated, the results, per centage of mortality, etc.

The success which has crowned the feeble efforts of the comparatively few engaged in this noble enterprise has exceeded our most extravagant expectations; and its benefits, both to suffering humanity and to homœopathy, have taken boundaries beyond our most ardent hopes.

The following physicians constitute its present Medical Board, viz.:

H. H. Hoffman, M. D., D. Cowley, M. D., J. H. McClelland, M. D., J. S. Rankin, M. D., L. H. Willard, M. D., B. F. Dake, M. D., C. P. Seip, M. D., J. C. Burgher, M. D.

DR. JOHN E. JAMES reported from the Institution for aged and infirm persons of the Methodist Church. He stated that the institution had an allopathic and homœopathic attending physician, and that they got along harmoniously.

DR. C. H. HAESELER reported on behalf of the *Berks and Schuylkill County Homœopathic Medical Society*, which had been organized in 1871; and now consists of thirteen members. The meetings of the Society, which are held alternately in the two counties, are always well attended. He stated that the Society had adopted the *non ligation of the funis* as a method of practice.

DR. O. B. GAUSE reported as delegate from the *Hahnemann Medical College of Philadelphia*. The matriculation list of the present session embraces upwards of one hundred and thirty names, the members of the class being, almost without

an exception, men of a high order of attainments. On motion, Dr. Gause was instructed to forward his report in writing to the Committee of Publication.*

The report of the *Board of Censors* was then made. They reported the following gentlemen as being eligible to membership in the Society, and they were accordingly elected:

H. R. Fetterhoff, M.D.; William Wilson, M.D.; R. L. McIntire, M.D.; O. T. Huebener, M.D.; W. C. Borland, M.D.; Robt. P. Mercer, M.D.; Caleb S. Middleton, M.D.; Edward A. Wareheim, M.D.; Thomas Wallace, M.D.

The President addressed the newly-elected members present in appropriate words of welcome.

It was moved and carried that physicians present, not members of the Society, are invited to a seat in the meeting, and to take part in the discussions.

It was moved and carried that the Society adjourn for dinner at a quarter to one o'clock.

The Secretaries and Dr. Friese, of Harrisburg, were appointed a committee to attend to the publication of the proceedings in the Harrisburg papers.

The President announced the committee to confer with the Committee of Arrangements for the meeting of the American Institute to be constituted as follows: Drs. W. R. Childs, M. Preston, W. B. Reynolds, E. W. Garberich and J. H. Marsden.

Dr. Wm. R. Childs, on behalf of the Allegheny County Medical Society, presented the subject of the part the State Society should take in the reception of the American Institute in June next in Philadelphia, and stated that the Allegheny County Society suggested that the State Society should raise the sum of $1000, for the purpose of giving a Grand Levee, and that this sum should be raised by the physicians not resident in Philadelphia. Allegheny county pledged itself to raise $400 of this sum.

DR. J. H. MCCLELLAND moved, and it was carried that the

* This report has not been received up to the time of going to press. (Com. of Pub.)

State Society pledges itself to raise the sum of $1000 for the purpose above stated.

Members of the Society from different sections of the State pledged their several sections to do their part in raising the balance of $600.

Dr. C. H. Von Tagen reported from the *Dauphin County Medical Society*. Report accepted.

The Society then adjourned, to meet at 2½ o'clock.

AFTERNOON SESSION.

The Society was promptly called to order at 2½ o'clock by the President, Dr. Coté.

The following physicians were proposed for membership, and their names were referred to the Board of Censors:

W. D. Hall, M.D., Carlisle; Trimble Pratt, M.D., Media; D. L. Dreibelbis, M.D., Reading; S. R. Rittenhouse, M.D., Reading; E. H. Spooner, M.D., Reading.

Dr. W. C. Doane introduced Dr. Lovejoy, of Oswego, N.Y., to the Society. Dr. Doane stated that Dr. Lovejoy was the means of his initiation into homœopathic practice. The President addressed Dr. Lovejoy in an appropriate manner, and invited him to take part in the deliberations of the Society.

Dr. Lovejoy stated that he was very happy to meet with the Society, and thanked Dr. Doane for his flattering remarks and the Society for its cordial welcome.

The President stated that he had received a telegram from officers of the New York State Medical Society, asking the Society to appoint a delegate or delegates to visit Washington, in accord with a similar delegation from New York, in order to take action in regard to the removal of homœopathists from the Pension Bureau, and the appointment of a chair of homœopathy in the proposed National University.

It was moved and carried that a delegation of three be appointed in compliance with the request from the New York Society. This was followed by considerable discussion, and the reading of correspondence between Dr. Stillman Spooner, of Oneida, N.Y., and commissioner (Dr.) Van Aernam, also a letter from Dr. A.T.Bull, of Buffalo, and one from Dr. Watson, of Utica,

N.Y., all showing clearly that physicians had been removed from the office of examining surgeons for pensions by Dr. Van Aernam, solely on the ground of their being homœopathic practitioners. The motion was then carried unanimously. The President announced that he would make the above appointments at the morning session to-morrow.

DR. BUSHROD W. JAMES made a statement regarding the case of Dr. W. H. H. Neville, of Philadelphia, who had been arrested, while in the prosecution of his business, upon the charge of having thrown a living infant into Cohocksink creek, in the northwestern section of the city, thrust into prison, and detained in close confinement during a period of over three months, unable to procure a trial of his case, notwithstanding the most urgent appeals of the doctor and his friends. The trial finally came on in the last week of January, when it was proved that Dr. Neville was elsewhere at the time of the alleged perpetration of the crime, by numerous and most respectable witnesses, and so strong was the evidence of the doctor's innocence, that the district attorney asked for a verdict of not guilty, and the judges stated that they did not know of an instance in the annals of criminal jurisprudence in which an alibi had been so clearly and unmistakably proved.

DR. JAMES thereupon offered the following, touching this extraordinary case, as a petition to be presented to the Senate and House of Representatives of Pennsylvania, which was seconded by Dr. Dudley:

To the Senate and House of Representatives of the Commonwealth of Pennsylvania:

The Homœopathic Medical Society of Pennsylvania, convened in its sixth annual session in the city of Harrisburg, would respectfully represent to your honorable bodies that—

First, The attention of this Society has been called to the fact that one of its members, Dr. W. H. H. Neville, a respectable citizen of Philadelphia, was recently arrested upon a criminal charge, and that, after being kept in prison for more than three months, notwithstanding his repeated demands for

a trial, his innocence was clearly and abundantly established on a trial by a jury of his fellow-citizens.

Second, That the Constitution of the United States and that of Pennsylvania guarantee to a person charged with crime the right to a speedy and impartial trial by a jury of his peers.

Third, That under the laws of this State any citizen may be imprisoned on a criminal charge for a long period, without having any opportunity of being heard in his own defence.

Therefore this Society urges the Senate and House of Representatives of Pennsylvania to enact such laws as shall hereafter secure to a person charged with crime an immediate opportunity to be heard, and to offer evidence in his own defence before said person can be committed for trial, to the end that citizens of this Commonwealth may not be deprived of their personal freedom without reasonable cause, and your petitioners will ever pray, etc.

After some discussion, it was moved that the whole subject lie on the table; but a motion to reconsider was carried, whereupon Dr. J. H. McClelland moved, and it was carried, that the subject presented in the proposed petition be referred to a committee of three, to report at the morning session to-morrow.

The President then appointed Drs. J. H. McClelland, Pemberton Dudley and Bushrod W. James, said committee.

Dr. O. B. Gause moved, and it was carried, that a committee, to consist of three, be appointed to draft resolutions expressive of the sense of the Society in relation to the death of its late President, Walter Williamson, M.D., of Philadelphia, and report the same to the Society.

The President therefore appointed Drs. O. B. Gause, C. H. Haeseler and Jas. B. Wood, said committee.

Reports from Bureaus was then called for, and the Bureau of Materia Medica being first in order,

Dr. J. C. Burgher presented partial provings of *Phytolacca decandra* and *Carbolic acid*, made by Dr. W. M. Williamson.

A discussion then followed on the papers presented.

Dr. O. B. Gause said that, after using Phytolacca in a case

of sore throat, the patient had told him that the medicine had corrected a chronic constipation. This observation had been verified in several cases occurring in his practice, and he hence regards Phytolacca as one of the most important remedies for the constipated habit.

DR. JAS. B. WOOD related his experience with Phytolacca in the treatment of a case of ulceration of the lower extremity, of long standing, in which, by continued application of the tincture the ulcer was healed, after having resisted all other treatment. Boils broke out freely in the neighborhood of the ulcer, and after they had disappeared there was no further trouble with the case.

DR. C. A. STEVENS had frequently used Phytolacca in angina, and Dr. J. B. Wood remarked that Dr. R. P. Mercer had had some experience in its use in syphilitic ulcerations.

DR. C. H. HAESELER said he was glad to note that the symptoms of *Carbolic acid* brought out by Dr. W. M. Williamson, in his proving, corroborated the provings of the acid he had made about a year ago, and which had been published in the "Hahnemannian Monthly."

DR. MAHLON PRESTON had used Phytolacca in rheumatic affections of the shoulder and arm and in syphilitic angina. According to his observations, the pains indicative of Phytolacca leave one part and go to another, like an electric shock, the pains being always worse at night.

Reports from the BUREAU OF CLINICAL MEDICINE AND ZYMOSES were then called for.

DR. W. C. DOANE related the case of a young girl, who was very much reduced, and who had a great variety of symptoms indicative of the most complete prostration. He resolved to give Arsenicum, regarding that remedy as eminently homœopathic to the case, and that it would prove curative if anything could. He gave the remedy first in a low potency, and then gradually ascended in the scale, and all without avail. Upon telling the patient that he was giving arsenic, she told him she had taken a great deal of that drug in the form of Fowler's solution, under the prescription of an allopathic physician. The doctor then thought that this might be a case of

chronic arsenical poisoning, and he consequently gave China as an antidote, which resulted in a perfect recovery.

DR. W. M. WILLIAMSON presented a paper prepared by Dr. L. H. Willard, of Allegheny City, giving his experience in the use of Melilotus officinalis. He likewise presented a paper, prepared by himself, being indications for the use of certain remedies as exemplified in the experience of the late Dr. Walter Williamson and of the writer. He also referred to the use of Phytolacca in cases of sore throat, rheumatism and painful old varicose ulcers.

DR. LOVEJOY related his experience in the use of Phytolacca in pains running from the hip down the limb. Its efficacy in such cases is most marked.

DR. WOOD stated that Dr. Doane, in his report of the case of arsenical poisoning, had omitted the best part of his report, viz: a letter from the patient to the doctor, and hoped he would read the letter.

DR. DOANE consented to read the letter as a testimonial to homœopathy, and did so.

DR. JOHN E. JAMES gave a synopsis of a very interesting clinical case occurring in his practice, a full report of which he had prepared, but deemed it too lengthy to be read.

DR. DOANE gave an account of a case of purpura hemorrhagica, cured by a strict adherence to homœopathic treatment.

There was oozing of blood from the skin, as though it were coming from a sponge, and light-colored blood was discharged from the mouth, bladder, etc. The pulse was thirty-five. An allopathic physician gave it as his opinion that the patient would die in a few hours. He (Dr. D.) gave Aconite and Hamamelis, and in about a week the patient was well and able to go out.

DR. H. N. MARTIN gave an account of a case of cystitis, in which he had prescribed Cantharis in the 200th potency, and a few days after had discovered upon the skin a number of vesicles similar to those produced by cantharides. Had used Iodide of Arsenic, as related by Dr. Williamson, in cases of tumors, which soon disappeared under the use of the 3d

decimal trituration. The indications for the use of the remedy are similar to those indicative of Arsenicum. He had recently prescribed it in a case of what he believed to be scirrhus tumor of the neck; the pains were greatly mitigated, and the patient thought the tumor disappearing. He had used Ruta with good success in the treatment of sciatica. In a case of *morning sickness*, which was relieved as soon as the woman took food into her stomach, he had given Anacardium, with very prompt curative effect. He was induced to give that remedy through an observation made by his father, who found that Anacardium relieved him of a dyspepsia mitigated by eating. Anacardium seems to be indicated when the sufferings are worse about two hours before meal time, and are mitigated by eating. He had used Phytolacca in a case of albuminuria, which had been given up to die by several allopathic physicians. That it was a genuine case of Bright's disease, he had the evidence of Dr. Dacosta, an expert diagnostician, of Philadelphia. Dr. Richard Gardiner had treated the case with varying success, and finally he (Dr. M.) took charge of it. She had chills at night, without special fever. Gave Kali carb., which relieved the chills. He gave Sulphur several times during the progress of the case. Finally regarding Phytolacca as the remedy, he gave it with marked good effect. The patient finally got well. During the progress of the case, the patient took on a form of insanity, which was cured by Cimicifuga.

DR. M. FRIESE spoke of a case of epilepsy treated successfully with Lachesis, the indication being that the patient would go to sleep, and then be seized with a spasm.

DR. VON TAGEN related his experience in the treatment of chorea, complicated with chills. He had given Eupatorium perfoliatum with complete success.

A letter was read from Dr. W. J. Blakely, of Erie, being explanatory of his absence from the meeting.

DR. H. N. MARTIN called the attention of the Society to, and asked the members to study, *Indigo* in relation to epilepsy and ascarides.

DR. WILLIAMSON called attention to the use of Erieoden-

dron anfractriosum of the West Indies in ascarides. Dr. J. G. Houard had called his father's attention to the remedy.

DR. J. H. MCCLELLAND had used iodide of arsenic in filthy ulcers of the leg. He had used it in low potencies, but found better results from high potencies. Had had marked success, particularly in one case.

DR. H. N. GUERNSEY said there must be a time come when we must review all these remedies, and find in just what cases they are indicated. Let us not say that a medicine is useful for such or such a thing, and let it drop there. We must find out the specific indications. Had a case in which almost everything had been tried. He gave Magnesia carb., the indication being that the child suffered more after taking a long walk. This led him to the remedy, and he found that all the symptoms of the child were under that remedy. ' He insisted upon it that we must find out positively when we should give these remedies which we are justified in presenting empirically. Dr. Martin said that he merely suggested the indigo as a study for the members. He had prescribed Lycopodium in a case of ascarides, where the worms always made their appearance at 4 o'clock.

DR. J. H. MARSDEN related a case of very severe headache in a young girl. She had been for a long time under allopathic treatment. It was while under a visit to Philadelphia that he first saw the attack. The appearance of the countenance was one of deep distress, it being a case of congestive headache. He prescribed for her several times without benefit. He subsequently ascertained that the patient had been much troubled with boils, and he prescribed Sulphur, which relieved not only the boils, but the headache as well, and established her general health. This lady was one who led a somewhat sedentary life, and it occurred to him that possibly the cure had resulted from the throwing out upon the surface of the boils she had had. Don't think the lady has ever had a recurrence of the headache, but she has had boils again.

DR. O. B. GAUSE offered the following preamble and resolutions, which were unanimously adopted:

WHEREAS, it has come to the knowledge of this Socie

that Thomas Hewitt, M.D., of Western Pennsylvania, has been found guilty of an attempt to procure an abortion, by a jury of his countrymen, and sentenced by the courts to the penitentiary for the term of three years; therefore,

Resolved, That this Society wishes to express its abhorrence of the crime of abortion, and will not retain any person in membership who has been proven to be guilty of its committal.

Resolved, That the name of Thomas Hewitt, M.D., be dropped from the roll of membershlp, without the privilege of reinstatement.

The Society then adjourned to meet at 7½, to hear the annual address, in the hall of the House of Representatives.

EVENING SESSION.

The Society assembled in the hall of the House of Representatives at 7½ o'clock, to listen to the annual address before the Society by W. C. Doane, M.D., of Williamsport. The hall was entirely filled with members of the legislature, residents of Harrisburg, and members of the Society, and an able address on "The Medical Profession" was delivered by the orator of the evening.

The Society then adjourned to meet at 9 o'clock in the morning.

The Committee of Arrangements for the meeting of the American Institute of Homœopathy, in Philadelphia, in conjunction with the Committee of Conference from this Society, appointed at the morning session, held a meeting immediately after the adjournment of the Society.

SECOND DAY.

The Society was called to order at 9 o'clock by the President, Dr. M. COTÉ.

DR. H. N. GUERNSEY moved, and it was carried, that the thanks of the Society are due and are hereby tendered to Dr. W. C. Doane, for his able and eloquent address of last evening, and that a copy of the same be requested for publication.

A number of bills for printing, etc., were presented by the Recording Secretary, and ordered to be paid.

DR. A. R. THOMAS, of Philadelphia, was proposed for membership, and the censors reporting favorably, Dr. Thomas was unanimously elected.

DR. WILLIAMSON called the attention of the members to the importance of associating themselves with the American Institute of Homœopathy, and was followed by Dr. Burgher in the same strain.

The committee appointed to consider the action necessary to be taken in the case of Dr. W. H. H. Neville submitted the following report:

The committee, to whom was referred the resolution and petition to the legislature, suggested by the arrest and imprisonment of one of our fellow-members upon a false criminal charge, would report:

That we have conferred with some of the leading members of the legislature upon the subject, who are of opinion that while our present laws in relation to hearings and trials upon criminal charges may occasionally operate to the injury of law-abiding citizens, yet they afford all the protection consistent with the proper administration of justice and the safety of society.

We suggest therefore that no further action be taken upon the proposed memorial and petition; and we recommend the adoption of the following resolution:

J. H. MCCLELLAND,
P. DUDLEY,
B. W. JAMES,
Committee.

Resolved, That we heartily sympa
member, Dr. W. H. H. Neville, in l
imprisonment, and congratulate him
cation, and that we assure him of our
confidence and esteem.

The report of the committee was
mittee discharged.

The resolution submitted by the committee was unanimously adopted.

DR. W. R. CHILDS reported from the Committee to confer with the Committee of Arrangements for the meeting of the American Institute, the report being very satisfactory in its nature. The report of the committee was accepted, and the committee discharged.

The President announced that the delegation to Washington, in conjunction with a similar delegation from the New York State Society, would consist of Drs. H. N. Guernsey, J. C. Burgher, and W. C. Doane.

DR. B. W. JAMES offered the following resolution:

Resolved, That all homœopathic physicians throughout the State be requested to send to the Recording Secretary of the State Society their names and addresses (post-office and county), with the college from which they graduated, and date of graduation, in order that a complete directory may be made.

The resolution was adopted.

The reports of the BUREAU OF SURGERY were then called for.

DR. J. H. MCCLELLAND stated that he had several reports in his possession from members of the Bureau. For himself, he had not had time to entirely prepare his report, and would ask permission to complete and forward to the Committee of Publication. He then announced the following papers:

Intra-capsular fracture of the femur, by W. R. Childs, M.D.*

On a case of deformity of the cheek, by L. H. Willard, M.D.

On disease of the Prostrate, by C. P. Seip, M. D.*

On a case of compound comminuted fracture of tibia and fibula, complicated with tetanus, abscess, &c., by Charles H. Von Tagen, M. D.*

On the use of Carbolic acid, by William Wilson, M. D.*

Compound Fractures of the Skull, with cases, by Jas. H. McClelland, M. D.

Amputation at the Hip-joint, by Jas. H. McClelland, M. D.

DR. BUSHROD W. JAMES exhibited and explained the use of some new forms of eye instruments.

* Not received at time of going to press. (Com. of Pub.)

It was moved, and carried, that Dr. S. T. Charlton, of Harrisburg, be added to the Committee to visit Washington.

DR. H. N. GUERNSEY asked permission to present his paper belonging to the Bureau of Clinical Medicine, which had not been read at the proper time in consequence of his absence. The permission was granted, and the paper entitled "The Genius of our Remedies and the Genius of Disease compared," was read, accepted and referred to the Committee on Publication.

The papers of the Bureau of Surgery were referred to the Committee on Publication.

DR. O. B. GAUSE, from the Committee to prepare suitable resolutions expressive of the feelings of the Society in regard of the death of its late President, Walter Williamson, M.D., of Philadelphia, reported the following preamble and resolutions, which were adopted by a rising vote.

Whereas, Through Divine dispensation, that Providence which doeth all things for the best, but whose ways are often inscrutable to human ken, there has been removed from our midst by death an honored associate, and once the President of this Society, Dr. Walter Williamson; therefore,

Resolved, That when we call to recollection his excellence as a man and citizen, his zeal, industry, and untiring fidelity as a physician, his arduous exertions in the interest of humanity, his cordiality and genial co-operation in the professional brotherhood, our hearts are bowed down with the great bereavement that has befallen us.

Resolved, That in his death the commonwealth has lost a valued citizen, the medical profession one of its most efficient representatives, homœopathy an uncompromising exponent and advocate, this Society a courteous member and dignified presiding officer, as well as a judicious and trusted counsellor.

Resolved, That we tender our most heartfelt sympathy and condolence to the family in their hour of affliction at the loss of a husband and father, trusting that the great Physician, who has called him from the scene of his earthly labors to the enjoyment of his everlasting reward, will also bind up the broken heart, and pour the healing balm of consolation into the wounded spirit.

Resolved, That the Secretary be and is hereby instructed to enter these resolutions upon the records of the Society, to transmit a copy of the same to the family of the deceased, and to such of the homœopathic journals as he may deem fit.

The reports of the BUREAU OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN were called for.

DR. J. H. MARSDEN presented a paper, giving an account of several difficult cases of obstetrics occurring in his practice.

DR. H. N. MARTIN announced that he had a paper in course of preparation on Placenta prævia, etc., and that he would complete and send it to the Committee of Publication.

DR. J. H. MCCLELLAND read by title a paper on non-use of the bandage in parturition, and non-use of the ligature for the fœtal cord. Referred to Committee on Publication.

DR. H. N. GUERNSEY gave his testimony in favor of non-ligation of the funis as being absolutely safe, and was followed in the same strain by Dr. C. H. Haeseler.

DR. J. H. MARSDEN thought that the cotton batting used in dressing the cord acted as a hæmostatic agent.

DR. W. H. COOK wished to know if the members had noticed any difference in the time of duration of labors in different parts of the State. In Cumberland county he rarely had a longer time to stay than two or three hours, while in Adams he usually had upwards of ten hours to remain. Adams is a limestone district while Cumberland is not.

Dr. THOMAS MOORE suggested that it might be advisable to recommend pregnant women to abstain from the excessive use of food containing lime during the latter part of gestation, and thought it possible that the process of ossification in the fœtus might be in a measure retarded by thus withdholing the supply of lime from the system. By this means it is probable that the head of the child would not be so hard, and likely to offer less resistence, in its progress through the pelvis during labor.

DR. J. H. MARSDEN usually gave, prior to labor, Actea racemosa, to obviate the occurrence of tedious labors, and

where pains did not come on, he gave Ergot, not in large but in small doses, say five or six drops.

The Censors reported the name of John Bryan, M.D., Water Cure P. O., Beaver county, for active membership, and that of Martin Mayer Marix, M. D., of Denver, Colorado, as a corresponding member. The above-named gentlemen were thereupon elected.

The report of the BUREAU OF HOMŒOPATHIC HISTORY, STATISTICS, ETC., was called for.

DR. W. M. WILLIAMSON stated that his father, who was chairman of that Bureau, had commenced and nearly completed the history and statistics of homœopathy and homœopathic physicians in Philadelphia and Delaware county, and that these papers were in the hands of Dr. R. J. McClatchey, who had promised to complete them. It was his father's desire to have the history of homœopathy throughout our State. Dr. H. M. Smith, of New York, was in course of publishing these histories of homœopathy in the various States; and he trusted the members of the Bureau would make an effort to complete the work.

DR. J. C. BURGHER read a paper on the history and statistics of homœopathy in Allegheny county in particular and Western Pennsylvania in general. The paper was accepted and referred to the Committee on Publication.

DR. E. LOVEJOY was proposed for honorary membership in the Society, and unanimously elected.

The case of Dr. Bechtel, of Harrisburg, was submitted to the Society by Dr. C. H. Von Tagen, and was referred to the Board of Censors, to be by them reported to the Society for action.

DR. C. H. HAESELER introduced and explained a new method of his own of preparing homœopathic medicines, by means of the application of the poles of a battery. The doctor's account of his experiments was very interesting.

DR. DUDLEY suggested that Dr. Haeseler should continue his experiments, so as to ascertain whether the succussion of an acid solution, or the passage of electricity through it, will increase its conducting power.

A number of letters and circulars having reference to the dismissal of pension surgeons, and the establishment of a Chair of Homœopathy in the proposed National University, were presented by the Secretary, and referred to the Committee appointed to visit Washington.

It was moved and carried that the Committee to visit Washington have full power to act for the Society.

It was moved and carried that Dr. McClatchey, Editor of the *Hahnemannian Monthly*, be accorded the privilege usually granted him, of publishing such papers read before the Society, and such parts of its proceedings, as he may see fit.

DR. DUDLEY offered the following resolutions, which were unanimously adopted:—

Resolved, That the thanks of the Society are due and are hereby tendered the Harrisburg *State Journal* and *Daily Telegraph*, for the use of their columns for the publication in full of the report of the proceedings of the Society, as furnished by the secretaries.

Resolved, That we acknowledge the courtesy shown us by the *Pennsylvania Railroad* in issuing excursion tickets at reduced rates, for the use of members of the Society.

Resolved, That the Society is under obligations, and hereby expresses its thanks to the State Legislature for the free use of rooms during the session, and of the Hall of the House of Representatives for the delivery of the Annual Address.

DR. J. C. BURGHER offered the following resolution, which was unanimously adopted.

Resolved, That we hereby tender our thanks to the officers of the Society, and particularly to the Secretaries for the faithful and efficient performance of their arduous and responsible duties, to which much of the past success and encouraging future prospects of the Society are to be attributed.

DR. W. R. CHILDS moved, and it was carried, that the Bureau of History and Statistics of Homœopathy in Pennsylvania be changed to the *Bureau of Organization, Registration, and Statistics.*

DR. CHILDS moved that a *Necrologist* be appointed, which motion was likewise adopted.

DR. M. FRIESE offered the following as an amendment to the second article of the By-Laws, which was laid over until the next meeting of the Society.

"Any physician, of good moral character, who has received the degree of Doctor of Medicine from some regularly incorporated Homœopathic Medical College, and who subscribes to the doctrine *Similia similibus curantur*, may be elected a member of this Society, upon the recommendation of the Board of Censors, by a vote of two-thirds of the members present at any annual meeting."

DR. DUDLEY offered the following as amendments to the by-laws, which were similarly disposed of:—

"In case any member shall fail to attend three successive regular annual meetings, or furnish a paper on some subject connected with medicine for the consideration of the Society, his name may be stricken from the list of members by a vote of the Society."

"All papers included in the reports of the different Bureaus shall be accompanied by a written synopsis of their contents. Each Bureau shall decide which of its papers shall be read in full, and such reading shall not consume more than fifteen minutes."

On motion of DR. CHILDS, the committee on charter were instructed to procure a charter from the Legislature, if possible, with the "Medical Bill" attached.

The Society then proceeded to the election of officers, with the following result:

President, J. H. Marsden, of York Sulphur Springs.

First Vice-President, H. N. Guernsey, Philadelphia.

Second Vice-President, S. F. Charlton, Harrisburg.

Recording Secretary, Bushrod W. James, Philadelphia.

Corresponding Secretary, Robert J. McClatchey, Philadelphia.

Treasurer, O. B. Gause, Philadelphia.

Board of Censors, W. H. Cook, Carlisle; J. F. Cooper, Allegheny City; Mahlon Preston, Norristown.

W. James Blakely, M. D., of Erie, was elected Orator, and Thomas Moore, M. D., of Germantown, Alternate.

The following were appointed delegates to the American Institute of Homœopathy: Drs. M. Friese, P. Dudley, R. Faulkner, C. A. Stevens, W. H. Cook, M. Preston, C. H. Haeseler, W. C. Doane, J. B. Wood, B. Bowman.

The President announced the following appointments as constituting the BUREAUS OF SCIENTIFIC SUBJECTS:

Bureau of Materia Medica and Provings.—Drs. W. J. Blakely, Erie; J. C. Burgher, Pittsburgh; H. N. Martin, Philadelphia; H. N. Guernsey, Philadelphia; Thomas Moore. Germantown.

Bureau of Clinical Medicine and Zymoses.—Drs. W. M. Williamson, Philadelphia; W. H. Cook, Carlisle; J. E. James, Philadelphia; Benjamin Bowman, Chambersburg; Mahlon Preston, Norristown.

Bureau of Surgery.—Drs. Malcolm Macfarlan, Philadelphia; J. H. McClelland, Pittsburgh; B. W. James, Philadelphia; J. J. Detwiler, Easton; A. R. Thomas, Philadelphia.

Bureau of Obstetrics and Diseases of Women and Children. Drs. Charles H. Haeseler, Pottsville; M. Friese, Harrisburg; J. H. Marsden, York Sulphur Springs; O. T. Huebener, Litiz; S. T. Charlton, Harrisburg.

Bureau of Organization, Registration, and Statistics.—P. Dudley, Philadelphia; H. Detwiler, Easton; C. A. Stevens, Scranton; W. R. Childs, Pittsburgh; and R. Faulkner, Erie.

The Secretaries asked for and obtained permission to complete the Bureau of Miscellaneous Subjects at some future time.

The Censors suggested that the name of J. W. Bechtle be dropped from the list of members. It was accordingly moved and carried, that the suggestion of the Censors be adopted.

The Censors likewise reported that two names submitted to them would be held over until the next meeting of the Society.

The Chair appointed Dr. W. R. Childs, of Pittsburgh, the Necrologist of the Society.

The retiring President, Dr. Coté, and Dr. H. N. Guernsey, were appointed a committee to conduct the newly-elected President to the Chair,

Dr. J. H. Marsden, President, on taking the chair, addressed the Society in appropriate terms.

The Secretaries and the retiring President were authorized to appoint such committees and delegates to other societies as were not yet provided for.

The minutes of the session were then read, whereupon the Society adjourned to meet in Harrisburg on the first Wednesday in February next, 1872.

DELEGATES TO OTHER SOCIETIES.

American Institute of Homœopathy.—M. Friese, M. D., Pemberton Dudley, M. D., R. Faulkner, M. D., C. A. Stevens, M. D., W. H. Cook, M. D., M. Preston, M. D, C. H. Haeseler, M. D., W. C. Doane, M. D., J. B. Wood, M. D., B. Bowman, M. D.

Canadian Institute of Homœopathy.—J. W. Allen, M. D., A. A. Roth, M. D., H. R. Fetterhoff, M. D.

California State Society.—Silas S. Brooks, M. D., Richard Gardiner, M. D., S. R. Dubs, M. D.

Connecticut State Society.—I. D. Johnson, M. D., Wm. Wilson, M. D., C. Karsner, M. D.

Illinois State Society.—L. M. Rousseau, M. D., S. R. Rittenhouse, M. D., W. D. Hall, M. D.

Indiana State Society.—M. W. Wallace, M. D., F. Taudte, M. D., Wm. T. Urie, M. D.

Kansas State Society.—H. M. Logee, M. D., Thomas Wallace, M. D., John Malin, M. D.

Maine State Society.—J. H. P. Frost, M
aker, M. D., Geo. H. Waters, M. D.

Massachusetts State Society.—John R. Re
Bratt, M. D., D. Cowley, M. D.

Michigan State Society.—Chas. B. Bar
Hoffman, M. D., P. D. Liscomb, M. D.

New Hampshire State Society.—Wm. Willits, M. D., Newell White, M. D., E. A. Wareheim, M. D.

New Jersey State Society.—M. Coté, M.D., R. J. McClatchey, M. D., B. W. James, M. D.

New York State Society.—J. C. Morgan, M. D., C. J. Wiltbank, M. D., M. M. Walker, M. D.

Vermont State Society.—A. H. Clayton, M. D., G. Howell Cox, M. D., Samuel Brown, M. D.

Wisconsin State Society.—J. W. Brickley, M. D., John Bryan, M. D., B. F. Dake, M. D.

Orator.—W. James Blakely, M. D.

Alternate Orator.—Thomas Moore, M. D.

Necrologist.—Wm. R. Childs, M. D.

Committee on Publication.—Bushrod W. James, M. D., Robert J. McClatchey, M. D.

Committee on Charter.—Robert J. McClatchey, M. D., R. Ross Roberts, M. D., J. K. Lee, M. D., J. C. Burgher, M. D., Bushrod W. James, M. D.

ANNUAL ADDRESS.

BY W. C. DOANE, M. D., WILLIAMSPORT.

LADIES AND GENTLEMEN:

At the meeting of the State Medical Society, which convened at the city of Erie in June last, I had the distinguished honor of being selected to deliver the address at this meeting. I am not in the habit of writing what I have to say; but it being the custom to incorporate the address in the Transactions of the Society, I have taken the few brief moments allowed to me by an exacting and laborious business, to commit some thoughts to paper; and if my remarks are tame and tiresome, I have no apology to offer except perhaps the poor one that my speech is a written one, or the far better excuse that my brethren made a very unwise choice in the appointment of an Orator. If, however, by what I have to offer, I shall be able to fasten upon the public mind a single good and important idea, or if I shall succeed in arousing the attention of any one intrusted with the health or lives of others, to the necessity of research and honest investigation; or if it is my fortune to so present my subject, that any of us may become more useful physicians or better men, more honor to our exalted calling, or a greater blessing to the afflicted, I will be happy in the discharge of this duty, and rejoice in the consciousness that my poor effort has not been futile.

Here allow me to remark that he who enters the profession of medicine with the head of a miser and the heart of a stoic, may by cunning and artifice accumulate wealth and maintain the position it gives, but the place h
dishonor, for it is retained without r
protest of real manhood.

The man who, in the midst of s
hearts that love are torn and ble
deliberately ask himself what that

what a glorious deliverance from the impending ruin, would put in his pocket,—in a word, when under such circumstances, he can stoop, as I am sure some are ready to do, to the mean consideration of "Expediency," he is simply unchristian, barbarous, and devilish.

When he will not examine and embrace new things, simply because he is too lazy to study, he can only be denominated as a drone and a sluggard in the profession; and to those who behold real beauty in progress, and who are determined to push forward with sleepless vigilance, he appears like an instructed cormorant hanging on to the commissary department of a business which would be entirely honorable if the diseased growths were only removed.

When he sits down and folds his hands, perfectly satisfied with his own system, or ready like the jaded horse to follow the beaten path or tread in the same old tracks "the fathers trod" in ages past, he is but an imitator, and the forms he would put upon the canvass are only imaginary, for they are painted from the lengthened shadows of Æsculapius and Galen, which have been crowded down through the mists and storm and changes of centuries, and are only seen now by the uncertain glare of a reflected light. The originals survived in an age of ignorance and error, and their palmy days were scarcely more than fictions, and to be content with their teachings, only ranks a man among that numerous class whom all should commiserate, and concerning whom it is written, "the fool is wise in his own conceit."

When, because of prejudice, he will not investigate anything new, he acknowledges himself to be a bigot, and should without delay study the Koran, for he would make a devoted follower of the Mohammaden faith.

When he wraps around him the mantle of selfishness,—a popular custom now-a-days,—and declares that *he* only is right, and that all who differ with him are intentionally wrong, he stands forth a solemn warning to the toiling searcher for truth, and over his door and upon his forehead, too, should be written, "take heed and beware of the leaven of the Pharisees." We should all of us revere the memories of the

Fathers, and respect their toil, but it will not do in this age of lightning, steam, and intelligence, when the masses are almost as learned as were the sages of the past, to be satisfied with ancient conquests, and shut our eyes and stop our ears to an importunate and cultivated people, to whom the so-called philosophy of other days is known to be folly now. Old theories have disappeared before the majesty of recently discovered facts, the numerous sects just named answered for their time, but when the new order of things was ushered in, the declaration came with it, that "the righteousness of the Scribes and Pharisees" would no longer answer; and when Hahnemann uttered the sublime truth that underlies our faith, he sounded the death-knell of ancient heresy and its legitimate offspring —modern empiricism.

When a doctor stands with his mouth open, ready to denounce everything he meets—as his predecessors have done —without trial, although advocated and defended by those who are often superior to himself, then gets more and more enamored with his crude and frequently untenable notions, instead of exhibiting reason, he affords evidence of insanity, as did the "maniac in the farce who fell in love with the picture of his grandmother."

The man who shrinks from an honest investigation of something new, having a fair share of respectable evidence in its favor, shows distrust in his own system, and fears its overthrow. He excludes the light, acts like a knave, and seeks the congenial fellowship of darkness.

When, like some of our modern "Medical Societies" which promise expulsion for advancement, he forbids those he can control under threats of pains and penalties to study, explore, and think for themselves, and act for the good of others as they understand it, he aspires to more enviable position than the one held by the race who occupy mangers to their discredit; and of them it has been said, "beware of dogs; beware of evil workers; beware of the CONCISION."

The person who dare not explore new fields from fear, gives an unmistakable proof that he has surrendered himself and assigned his manhood to others keeping. He has laid

aside that fearless independence of thought and action, without which no man ever has or ever will become either truly learned, eminent or great. He may be said to be substantially a sort of professional merchandise or intellectual "shoddy," which looks well enough at the first glance, but gives way under the slightest strain. Such a creature of another's caprice, or such a willing tool of a perverse, self-sufficient and exacting organization, should always wear a marked collar upon his neck, and then none but his rightful owners will pick him up, or meddle with him. I am satisfied that a great many wear collars, and they begin to choke; and if the *peerage* do not loosen them soon, the *order* will off with them themselves, rather than endure asphyxia.

Ours is no mean vocation. It is not merely a system of mercenary consideration, where all the stock-in-trade is human calamity; but it is a dignified department of labor, in which all the better elements of our nature should have perfect play, whilst he who follows it, should, like him who preaches, live by it. He ought not to forget that his mission is one of mercy, and his work a labor of love; and as he toils on, let him rejoice that God has conferred upon him so much honor; and he must never fail to carry with him that greatest of all the Christian graces—charity; for it is after all this element that enlarges our views, and gives grace the potency to genius, freedom to thought, and vitality to all discovered good. Without it the arts might have remained stationery, and science unfolded; without it philosophy might have had no defenders, and patriotism no leaders; without it liberty would have no champions, and religion no advocates; without it every grace would deform, and every achievement degrade us; without it our profession is converted into a vile cesspool, in which is fostered and ripened to infernal maturity every abomination of the heart, and its members are only "as sounding brass, or a tinkling cymbal."

If you would exalt the dignity of our calling, go to the sacred volume, and you will find everywhere in it a special regard manifested for the sick, and an earnest desire shown for their recovery; and when He, who became the "Resurrec-

tion and the Life," was announced as the prophetic king, all were filled with consternation, anxiety and doubt. Even those whose faith had long been anchored to the Throne, faltered; but when the news fell upon their ears "He heals the sick," all doubts were swept away, for they knew that prophecy had at last been lost in history, and they instinctively reiterated the song that was heard upon the plains of Bethlehem, when the angelic choir came to herald the advent of the great Physician; and when he had made the deaf hear, the lame walk, the blind see, and the dead live, and was about to carry a world's crimes to Calvary, he called around him his chosen few, and gave them the world as their field of toil, and the human race as the object of their care and commiseration, and with this sacred charge went the Divine injunction "heal the sick." Our profession seems to be one around which Divinity loves to linger; and at its head in peerless majesty stands the Incarnate One, healing the sick and serving God on the Sabbath day.

He who has a proper and just appreciation of the profession, cannot fail to discover in it something higher and better than the simple hope of *gain*, or the gratification of vain ambition, or the foolish tongue of praise, or the sanction of peculiar tenets. The true physician has a head to learn and a heart to feel; and when he has gone down with the suffering one to the soul's gateway, he is always ready to lament and mourn that his arm is so short and his means so inadequate and impotent.

I would like to pursue this train of thought for the hour that generous consideration has given to me, but I must dismiss it now for the purpose of taking a glance at the two prominent and opposing or conflicting systems of medicine, viz.: Allopathy and Homœopathy, more commonly denominated as the Old School and New, and determ
their measures of merit, and their respective c
confidence and regard.

The old school doctor shall have attentic
must respect age, no matter if it be ugly; and
I was an allopathist myself until I learned

diligent search found a more "excellent way." This venerable gentleman assumes an air of wisdom, and ridicules us because, says he, "you only treat symptoms, *I treat causes.*" Let us see how this school of doctors treat causes. I will only refer to a few diseases, for recapitulation would be tedious, and time forbids. Prof. Geo. B. Wood, an eminent and able writer of the old school, tells us in his recent work, that "the most frequent cause of gout is inheritance," and that a "gouty diathesis" may be produced by sedentary habits and too generous living; he further says, that the *symptoms* of this disease are swollen, red and painful joints, attended with more or less fever, &c. Now let me ask which would a man of good sense do here? Would he treat the *cause* or the symptoms? Again, I ask would it be gout without the *symptoms?* Then, what are the *symptoms* but the gout? I am certain that my patients are content and happy, and so am I when the *symptoms* leave, for about that time the doctor leaves. Some might prefer to remain until the *cause* was removed, for gout generally occurs among a class who are able to pay.

This same author tells us that the "most frequent cause of pleurisy" is exposure of the body to cold, especially when previously heated or perspiring, "and he also tells us that the symptoms characteristic of this disease, are pain in the side, cough, short and quick breathing, and fever." Again I put the interrogatory to the attending physician, Will you treat the cause or the symptoms? You are too late for the cause. The patient has been out in the cold, and if you object to have anything to do with the symptoms, the sufferer will object to you. But, again, would it be pleurisy without the pain, the cough and the rapid breathing? Are not these *symptoms* the pleurisy and all there is of it. When all these symptoms disappear, your patient is well and his pleurisy is gone, but it is maintained that there is some cause operating between the exposure and the symptoms developed. Well, admit the assertion. What of it, then? We grant that there are remote and proximate causes. Of the former we may know something or think we do; but of the latter we may be content to allow, that it is the disease or the symptoms, or both.

We know that flowers of every possible tint and hue unfold their leaves and exhale their fragrance in the same soil and under the same sunshine. We may think we know something of the remote cause of the sunshine; but the delicate touch, the magic changes, the infinite skill, the unseen mysterious unfolding, the proximate cause here, as in disease, is buried in the bosom of divinity, and defies the understanding of the finite mind.

Before I leave this part of my subject, I desire to adduce evidence from the old school upon this matter of causes. The great apostle of allopathy, the English Hippocrates, Thomas Sydenham, who was the cotemporary and friend of the illustrious and immortal Locke, says, when speaking of the causes of disease, "I do not desire to be called a philosopher, and as for such as conceive they have a right to this title, and upon this account may possibly censure me for not having attempted to dive into these mysteries, I advise them to try their faculties in accounting for the various works that everywhere surround us before they go about to teach others." "I would fain know," says this learned apostle, "why a horse comes to his full growth in seven years, a man in twenty-one," and then he goes on to say, "A search into efficient or material causes is doubtless one of the most idle and impertinent uses we can make of the powers of our understanding; for as they lie far beyond the reach of the senses, we cannot but fail in the attempt. Would it not then be acting more prudently to resolve them into the will and pleasure of the Creator, without presuming to penetrate into what he should seem to have covered with an impenetrable veil; and rather apply ourselves to mark their effects and operations, so as to draw from thence a set of directions, which being built on so solid a foundation, might, if judiciously applied and varied as particular circumstances may require, serve to conduct us with safety and security on most occasions." We, of the new school, accept the sage-like council of this renowned author, and leave those who deride us, to settle the question with Sydenham and their patients as they choose.

The old school makes strong claims to science and cer-

tainty, and yet in fatal diseases they cannot with full assurance say, whether the patient died of the disease or the medicine. I will put to you but one simple illustration, and it is from the best of their own authority, which will enable you to see the dilemma into which they are led by their dangerous and doubtful weapons. The physician is called to a case which he recognizes as Enteritis, or inflammation of the bowels. He follows the treatment laid down by Prof. Wood, and that must be sufficiently orthodox for any one. He administers in connection with other drugs as directed, "calomel, or the blue mass;" or "one of the mercurials in small doses, repeated at short intervals, and continued until the mouth is slightly affected." For the sake of the illustration, we will say that the patient dies,—a result that sometimes occurs. Now, turn with me to the Materia Medica of Pereira, a standard and accredited work of the same school, and at page 614, Vol. I., he says, in speaking of calomel, where it was used in the treatment of croup, he has often seen "all the frightful symptoms of the tracheal inflammation, which threatened suffocation, suddenly vanish, and enteritis, or inflammation of the bowels, develop itself, which passed rapidly into gangrene, and destroyed the patient." With the testimony of these writers before us who can tell, who dare make solemn oath of what that human being died? Mother earth conceals the body and the doubt.

The allopaths are unfair in their attacks upon Homœopathy, for they almost invariably select some incurable or fatal case, and then with an air of triumph ask why we did not cure that, just as though it was our duty to cure everything, and drive disease and death out of the world. When they are invited to give us a fair chance in the hospital or the army, side by side with them, so that we can compare results, and stand upon merit, or fall for the want of it, they refuse, and the same spirit that persecuted Harvey when he discovered the circulation of the blood; the same rage and fury that drove Galileo from his professorship in Pisa to seek a new field in Padua, and then hurried him before the inquisition, and forced him to renounce his faith in the idea that the

earth moved on its axis; the same hatred that denounced Jenner, who discovered vaccine virus and its power in uprooting or destroying that dreadful scourge of humanity—the small-pox; that same intense but *powerless* animosity that drove Hahnemann from Leipzig, is at once aroused and in full operation,—*powerless!* did I say? Yes, thank heaven, wrong and ignorance are always powerless. Such influences may retard, but they never stop; they may fight, but they never conquer; the *man* may sometimes fall, but the thought rises; the man may perish, but the truth he advocates enjoys the energy of a perpetual resurrection, and forces its way with the light and fire and precision of a sunbeam. This has been eminently true in the history of the expounder of our law of cure, for in spite of persecution and bigotry, he lived to make his power felt, his genius admired, and his attainments acknowledged; and at the home from which he was driven, stands a monument of splendid proportions, attesting his virtues and his toil. When the allopath does not demand of us impossibilities, he will point to some ignorant pretender, who may claim to practice our art, as a sample or test of the whole system, and there his argument and examination ends, and his anathemas begin. The men who are blinded by prejudice, measure everything by the downward scale; they magnify all a man's errors; they judge of any system only by its imperfection, and denounce even religion because Judas has some friends in the Church; and this same spirit soon becomes willing in its baseness to wrong the poor, oppress the helpless, take advantage of necessity, abuse the deaf, cheat the blind, and trip cripples.

The physicians of the old school have had a new theory of disease in every age, and a new set of causes that produced them, but with remarkable zeal they have clung to the same medicine in treating them. In this respect, they resemble the old *parson* I once knew, who would select different texts, but preach the same sermon; but this is no more strange than the singular unanimity with which they all agree to disagree among themselves, and drive off everybody and everything that enters the field, no matter how important it may be to the

health or life of the community. It is enough to know that it did not originate with them to stir up their wrath, and their unrelenting fury does not stop while the innovater is living, but it rushes into the sacred receptacle of the dead, and labors to defame his name and calumniate his memory. They now assail the name of Hahnemann, whose goodness and greatness is held in delightful remembrance by thousands who practice the precepts he taught, and by tens of thousands who, in the fruition of health, devoutly thank heaven and Homœopathy for delivery from disease. It may not be amiss at this point to see what the most renowned and liberal of the old school have said of Hahnemann. The venerable Hufeland says he "entertains for him the highest respect;" Valentine Mott, of New York, the most eminent of American surgeons says, "Hahnemann is one of the most accomplished and scientific physicians of the present age;" Urvius, of London, said of him, "he is worthy of the thanks of the profession for his unwearied industry in ascertaining the properties of medicines;" Sigmond says, he was "a man of high intellectual attainments, of great sagacity, of inflexible courage, and of unwearied industry;" Sir John Forbes, editor of the British and Foreign Medical Review, says of him, "no careful observer of his actions or reader of his writings can hesitate for a moment to admit that he was an extraordinary man,—one whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine, as generous as many that preceded it, and destined probably to be the remote if not the immediate cause of more important fundamental changes in the healing art, than have resulted from any promulgated since the days of Galen himself. Hahnemann was undoubtedly a man of genius and a scholar. a man of indefatigable industry, of undaunted energy. In the history of medicine his name will appear in the same lists with those of the greatest systematists and theorists, unsurpassed by few in the originality and ingenuity of his views, superior to most in having substantiated and carried out his doctrines into actual and most extensive practice." Remember if you please, that this is not testimony partial to Hahnemann,

but it is the candid, honest evidence of his cotemporaries and opponents, and for that the more entitled to weight. It is the witness of those who were educated and competent to judge, and whose positions were too dignified and exalted to suppress the truth, and whose manhood would not permit them to deceive. I am confident that but few men have ever received such commendations from those who resist them; and I venture to predict that none of the men who are busy in traducing his fair name ever will.

The gentlemen of the allopathic school do not believe in their own system. I refer of course to the leading minds and the prominent men, to the writers and teachers of the school now, for I would not make any such sweeping charge against the whole fraternity by any means, for it must be unjust and untrue; for I believe and know by experience—the best of teachers—that many, and I have the charity to think that the majority, of these persons are sincere and honest. I know that when I practised in that way, I thought that I was doing the best thing that could be done for the patient; and it would be mean and unmanly in us to denounce them, because they cannot see as we do now. While we are confident that their sincerity and honesty is the result of a want of information and investigation, let us be faithful and fair in our dealings with them, and place the facts before them, and in this way we may benefit them and bless society.

Homœopathy demands that it be judged by its ablest men, and when it judges of its opponents, it must be by the same rule, which no fair man will attempt to dispute. And here I submit that it is a little strange that the men who know and who have had the best chance to know by actual experience the most of our system of medication, love it the best and say the most of its merits, while the most prominent and conspicuous among the other school, its writers and its leaders, after honest, prolonged, extensive trial and close observation, have been the most violent and unmeasured in denouncing it. Now I ask you candidly why this difference of opinion? There can be but one reply, and that is, that the first class were satisfied *with* and the second were disappointed *by* their

medicines. But hear Bichat, the celebrated French physician, as he refers to this point, and says, "our Materia Medica (allopathic) is an assemblage of incoherent opinions, and is perhaps of all the physiological sciences, that which most exhibits the contradictions of the human mind. In fact it is not science for a methodic spirit; it is a shapeless assemblage of inexact ideas; of observation often puerile; of imaginary remedies strangely conceived and fastidiously arranged. I will go further (says he); no reasonable man can follow it if he studies its principles as set forth in our Materia Medica." Listen once more to Bichat, as he exclaims, "to what errors have not mankind been led in the employment and denomination of medicine? They created deobstruents when the theory of obstruction was in fashion, and incisives when that of thickening of the humors prevailed. Those who saw in disease a relaxation or tension of the fibres, the *laxum* and the *strictum* as they call it, (medical jargon) they employed astringents and relaxents. Refrigerants and heating remedies were brought into use by those who had special regard in diseases to an excess or deficiency of caloric. The same identical remedies have been employed under different names, according to the manner in which they were supposed to act. What an idea is here set forth for our consideration, and what can be said of the physician who stands over his suffering patient, and without any regard to the disease, its symptoms or complications, administers his compound and demands of it obedience to his theory, as if by the flourish of some magic wand, a nod of the head or written orders, it would know which way and just when to go, after arriving at the helpless stomach, which, if it had a voice to articulate, would cry murder at its approach. Faithful compound, it goes on its doubtful mission, and no one has more right to be surprised than he who sent it, provided the patient lives.

Allow me, if you please, to refer once more to Sir John Forbes, who sums up the result of his long exeperience by saying, "First, that in a large proportion of the cases treated by allopathic physicians, the disease is cured by Nature, not by them; second, that in a lesser, but still not a small pro-

portion the disease is cured by nature in spite of them; in other words, their interference opposing instead of assisting the cure; third, consequently in a considerable proportion of disease, it would fare as well, or better, with patients, in the actual condition of the medical art as more generally practised, if all remedies, especially drugs, were abandoned." Dr. Forbes, that is exactly what we propose to do, and more, what we *are* doing, and crude drugs are going into disuse fast, every day, but it is under the protest of those who cling to the errors you denounce. *Bœrhaave*, regarded as a great man in the professional ranks, does not hesitate after long years of trial, to say, "If we compare the good which half a dozen true disciples of Æsculapius have done since their art begun, with the evil that the immense number of doctors have inflicted on mankind, we must be satisfied that it would have been infinitely better if medical men had never existed." This is a sad commentary from one so eminent, and it admonishes the medical fraternity that they need aid from some quarter, and if it can be found anywhere, they had better throw aside the prejudice which can only spring from ignorance and embrace it, for if any business needs a system or a law, it is "orthodox" medicine, which we are told has done more harm than good, and has rung the changes so often without changing anything but its name, that we are not surprised to behold it as speckled and streaked as the cattle of the Patriarch which slacked their thirst from the gutters in which he had put the poplar and the hazel rods; and yet these gentlemen defend such a system with the jealousy of a lover and the obstinacy of a Pharisee, and claim for it the respect of a science, while philosophers smile at their folly, and pity their credulity. To hear them denounce quackery, one would suppose they were possessed of some certainty themselves; but the accomplished Dr. Andrew Combe says, "Medicine, as often practised by men of undoubted respectability, is made so much of a mystery, and is so nearly allied, if not identified with quackery, that it would puzzle many a rational on-looker to tell which is the one and which is the other." And he is not alone in this view, for the renowned

Adam Smith says that even in England, where we Americans go so often to get finished up, "the great success of quacks has been altogether owing to the real quackery of the regular physicians." In spite of all this, the so-called "regulars" go on, apparently rejoicing, with their mixture and potions called prescriptions, which one would conclude from the number of articles they contain, were evidences of great study and research, and would produce certain results, but Dr. Paris declares that "the file of every apothecary would furnish a volume of instances where the ingredients of the prescription were fighting together in the dark." No one but doctors with their nauseous compounds would ever have invented the idea of converting the human stomach into a battle ground, where drugs were obliged to wage warfare at the risk of the owner's safety or life. In confirmation of the statement of Dr. Paris, Prof. Widekind says, "In our present practice, we may get grey, and if God pleases white hairs, but never experience;" and then he adds, "If Homœopathy induces us to give less medicine, to change it less frequently, and not to mix many drugs together, we may some day with careful observation glory in medical experience, which we unhappily cannot do at present." Hoofland, of Berlin, after many years of a most extensive practice, both public and private, affirms "that more harm than good is done by physicians," and says, "I am convinced that had I left my patients to nature alone, instead of prescribing drugs to them, more would have been saved." And Dr. James Johnson says, "I declare it to be my most conscientious opinion, that if there were not a single physician or drug in the world, there would be less mortality among mankind than there is now;" and Dr. Frank in his practice insists that "governments should at once either banish medical men and their art, or they should take proper measures that the lives of the people may be safer than at present, when they look far less after the practice of this art, and the murders committed in it, than after the lowest trades." Frank does not stand alone, for Dr. Reid confesses that "more infantile subjects are perhaps annually destroyed by the mortar and pestle than in the ancient Bethlehem fell victims

in one day to the Herodian massacre." This is awful testimony and a fearful record for men to make against themselves, but terrible as it is, it is written history, and was written by the actors who knew what they said, as well as Sir Astley Cooper did when he stated that the "science of medicine was founded on conjecture, improved by murder;" or Prof. Gregory who declared that "medical doctrines (allopathic) are little better than stark staring absurdities" and then, too, Dr. Dickson announces that "so far as his experience of medical matters went, few people were permitted to die of disease, the orthodox fashion being to die of the doctor." But once more upon this point, and I am done. The editor of the Medical Times says, that "the most profoundly learned members of the profestion prefer in the greater number of instances to become silent lookers-on in their attendance on the sick, rather than hazarding the risk of impertinent meddling with the grand and all-efficient workings of the human body."

I could multiply this evidence with ease if it was considered important, but I am satisfied that almost any person will see from what has been said, why doctors of experience refuse to take their own medicine when they are sick. The old system claims antiquity. We give them the honor of having been born in the dark ages. We are not disposed to dispute titles with them, for we cannot go back in our history to a time when our system was in the hands of "barbers." We boast of no such illustrious parentage, and are ready to admit that if in *one* age people were satisfied to be doctored by shavers, that in another one they have an undisputed right, and one in which the law will protect them, to be *shaved* by doctors. The old school boasts of a long experience. While we grant it to them, we lament and mourn that it has been so sad and terrible. None but must see the fallacy of this art. Let us then leave this ancient heresy to foster in its own infection, knowing that there is a far better way to mitigate human misery and relieve human suffering.

We, as homœopathic physicians, claim to have a law of cure, or rule of action, by which we are guided in the administra-

tion of our medicines, to which our friends should not object, inasmuch as they have none, and are in great want, as we have already seen. We adopt the maxim of Hahnemann, "Similia similibus curantur;" in other words, we cure diseases by remedies which produce symptoms similar to those of the disease. Now this is not "the hair of the dog that bit you;" it is not a proposition, as people are told by doctors who desire to cheat and misrepresent us, to "cure disease by giving a remedy that will produce the same disease." A man may in all respects closely resemble another; the two may be very similar; but you allow one to spank the other's babies, and scratching, scolding and hair pulling will soon convince the most stupid of a material difference. "The fellow that looks like me" may be somewhere in the allopathic ranks, but I am certain we are not the same.

We have excellent evidence upon which to base the conclusion that this law is one which admits of universal application. To say that is perfectly understood and comprehended now which is but in its infancy would be foolish and false; but so far as our knowledge and experience has gone, we are prepared to say, and to prove too, that it is the most safe and certain guide in the treatment of disease known to man. But we are told that this doctrine is objectionable; for it will inevitably lead to a system of specifics, of which our opponents manifest great fear and hatred, and for what reason I cannot understand. For my own part I would be glad for humanity's sake, if our art was shorn of all doubt, so that medicine could be dispensed with certainty and precision. They tell us that "specifics and quackery" are identical. Well, if this is true, they have now, and have always had, quacks in their ranks and quacks in their schools as well as for their teachers and authors, for they have always supported the doctrine of specifics themselves; and the great Cullen, to whom the old school is indebted more than to any other man who has ever lived, says in his treatise on Materia Medica that, although he has a "repugnance for specific medicine, he is perhaps forced to retain many of them still," so that whatever may be said

against specifics comes with poor grace from allopathic sources.

The allopath denies our law of cure, and is vociferous in his denunciation of it in every particular. Now, having exhorted you all to be charitable, I must not overstep the bounds myself. But the time has come when the truth should be spoken without fear or favor; and, if it can be clearly demonstrated that the old school gentlemen do follow and practice our law of cure, and at the same time deny its truth, then it must be admitted that we fasten upon them the odious charge they have so long preferred against us, and they cannot take any exceptions to our language, or think us unkind, if we call things by their right names, and, in the future, to distinguish them from physicians, denominate them quacks or mountebanks. Well, then, here and now we will accordingly exchange horses; but, before we enter into particulars, or produce a bill of items against them, we invite your attention to a few facts commonly known and accepted as proof of the homœopathic law of curing upon the principle of similars. The man who labors in the heat of summer, or toils under the burning rays of a July sun, does not dare to quench his thirst with cold water, but chooses either warm drinks or spirits of some kind. The untutored savage thrusts the frozen limb in the snow, and a cure follows,—"like cures like;" the cook plunges the burned hand in warm water or holds it by the fire, or if the surgeon is summoned, he applies iodine or nitrate of silver, and recovery is the result upon the "similar" doctrine. We all know that a blister will destroy the skin and produce very often ulceration, which is exceedingly difficult to heal; but the doctor is summoned, and he puts on the obstinate sore a blister, and says the law of similars is a heresy. Pereira tells us that nitrate of silver is a caustic, and will produce, when locally applied, irritation and inflammation; and when the eye is inflamed, the savans of medicine drop the solution of this salt in that delicate organ, and exclaim, "the law of similars is false." Pereira informs us that careful observation has shown that tartar emetic will produce rapid breathing, engorgement and inflammation of the lungs, and

will also develop many of the prominent symptoms that are distinctive evidences of cholera, and yet in these diseases this drug is regarded as one of peculiar merit and efficiency, and still they cry out "the idea of similars is nonsense." Pereira informs us that creasote will produce, when swallowed, vomiting, because it irritates that organ, and still to allay vomiting and relieve an irritable stomach the allopath administers this drug; his patient may be benefited if his dose is not too large, and he shouts forth "there is nothing in similars." Hufeland said, when the cholera was raging, just after Hahnemann promulgated his doctrine, that if the principles of homœopathy were true, arsenic would prove a valuable remedy in the treatment of that fearful malady, because those poisoned by it exhibited symptoms identical to those shown in cholera patients; and as a remedy in this disease both the old school and the new attest its value, and, after an investigation of the treatment of cholera with this remedy, the "London Lancet" was forced to concede its merit, and yet declare that the "law of similars is a monstrous delusion." All the writers of the old school agree that colchicum, when taken in sufficient doses, and continued for a proper time, will produce the same symptoms that we find to characterize the gout, and yet they administer colchicum for the very disorder, and, while their patient is relieved, they are anxious to impress upon the mind of others "the fact that 'similars' are only the vague conceptions of a quack." We are told by the best authors that ipecac. will not only produce nausea and vomiting, but that it will develop all the symptoms of, nay, more, that it will absolutely produce asthma, and yet to allay nausea and check vomiting the "regulars" give it in small doses and with great uniformity and success, and they prescribe ipecac in cases of asthma, and scream out in disgust and 'holy horror' "no sane man can believe in the law of similars." In every materia medica that has been written since the days of Cullen, it has been stated that nux vomica will produce spasms, convulsions, paralysis and death; and there is not any remedy used by the old school gentry with more freedom or certainty in spasmodic diseases than this very one, and as their patient recovers, they

emphatically "denounce the doctrine of similars." They do not hesitate to use Cayenne in sore throat, turpentine and Cantharides in affections of the kidney and bladder, Rhubarb in diarrhœa and Potash in stomatitis. These examples could be indefinitely multiplied if it were necessary for the sake of illustration or proof; but I will leave this portion of my subject after the examination of one more medicinal agent. Pereira informs us that mercury will produce, upon the healthy organization, inflammatory fever, dysenteric symptoms, inflammation of the bowels and peritoneum as well as hypertrophy of the liver, and in every one of these diseases the learned authors and the unlearned doctors of the old school recommend or administer this drug.

Pereira further instructs us that some diseases are so perfectly allied to the mercurial disease that it is almost impossible to tell the one from the other. I will name but one, and I will give the words of the author, and that disease is Cancrum Oris, which our author says "consists of ulceration, followed by gangrene, of the inside of the cheek or lips, and is attended with a copious secretion of offensive saliva. Mercurial ptyalism may sometimes be distinguished from Cancrum Oris by the peculiar odor of the breath and the salivation preceding the ulceration, and the sloughing, and by the gums, salivary glands and tongue being tumified and inflamed; but (he continues) these symptoms are by no means to be relied on, as they may also attend Cancrum Oris." At volume i. p. 612 of Prof. Wood's Practice, he tells us that the first thing to be done in "Cancrum Oris" is to "administer from two to six grains of calomel," etc. The patient recovers, and we are told that "the doctrine of similars is the climax of humbuggery." When we look over the history of medicine, and are confronted by the grave and potent facts as they are when stripped of all their professional deformity, an unprejudiced man cannot tell whether to lament because doctors are insane, or mourn because they are knaves.

I would like to ask, in a way that is becoming and modest, first, If allopaths do not prove conclusively the doctrine of similars? second, If allopaths do not absolutely say that what

they demonstrate to be true is entirely false? third, If the most certain statements that a man can make are untrue, can he ever be believed? fourth, If such a man should tell the truth, could any one determine if it was accident or design? fifth, In view of all the facts, do not allopaths cheat and deceive? sixth, Who are the quacks and mountebanks? I am too modest to answer these interrogatories, and therefore leave them for others to guess. A bold honorable man meets his adversary in the daylight, squarely, and on open fair ground; but the coward, conscious of his own inferiority, waits in ambush. Right and reason is cool, quiet, unobtrusive, and can afford to abide its time; but wrong and error is in haste; for what it does must be accomplished at once or never. To stop for reflection is to fail. Conscious right and reason deals with facts and principles, whilst wrong and error, if it win at all, must descend to personal vituperation and misrepresentation, and, with an acknowledgment of want and weakness, the allopath announces the untruth that "Homœopathists are not learned men, and therefore are not competent to deal with the sick and afflicted." We are ready to admit that many who practice in our school are not properly educated and trained for their high responsibilities, and we all know that the same difficulty exists in the old school, and perhaps to a much greater extent, for their numbers are greater. We, of the new school, are toiling to overcome this evil, and making every effort to elevate the standard of medical education, and unfold and develop those wonderful laws that infinite mercy seems to have linked to so many agencies for the benefit of our unfortunate race. But let us look for a moment at this matter of education and fitness. It is well known that a large proportion of those who practise homœopathy are gentlemen who were educated in the old school, and who, either for the purpose of denouncing the new theory in an intelligent or manly way, or from distrust in their own, have been induced to examine into it, and having, to their surprise, been convinced of its merit, adopted its doctrines. Are not such men properly educated? We read the same authors, sat in the same colleges, accepted the same doctrines, listened to the

same teachings, were examined by the same board, hold credentials signed by the same instructors, and were thought to be your equal, my allopathic friend, in every particular. You were satisfied with what you knew, or thought you knew, they were not. You stopped short, and denounced everything you had not learned as not worth knowing. They took this world and the arts and sciences in it to be of a progressive character, and concluded that there was more that they had *not* than that they *had* learned. Since these gentlemen parted with you, they have acquired another system of medicine, and they still retain as much of your system as you know, and, under the circumstances, are better fitted to practice the healing art than you can be. Who is silly enough to believe that such men as I have referred to would leave the faith of the fathers for a way less certain, and for the sake of error choose to endure the defamation and calumny heaped upon them by their former friends? The man who would believe such nonsense has no business out of the lunatic asylum. Who believes that the intelligent masses, which have been cured by our remedies, do not know it or did not know when they were sick or well? Such stupid allegations, from men claiming to be learned, is a sickening exposure of ignorance and an outrage upon the common sense of society. Oh, that the profession of medicine were stripped of all bigotry, and glad to have humanity robbed of its sorrows by any and all the instrumentalities that God has placed within the limits of our understanding.

The allopath discovers that he cannot convince people that the odium of ignorance attaches itself to the new school any more than the old, and he is not so stupid as to fail to see that men of education, experience and talent sustain the new school with a zeal and fervor he never witnessed before. He knows there is a popular distrust of his system, and a growing confidence in ours, and that, too, among those whose opinions are entitled to consideration and respect; he has no argument to oppose to us, and he makes a charge against us too silly to be contradicted, when he affirms that our patients are not sick. How could this be true? We locate by the side of allopaths,

and this we like to do, for they often furnish us work. We treat the same class of diseases every day, go where we are called, and very often attend those who have been under the old treatment, and they sometimes recover, even after having been abandoned as hopeless. Were such persons sick? Would such persons recover without medical aid? If they would, why under the sun does not the doctor leave them in the hands of a nurse, and give them a fair chance for their lives, instead of tormenting them with his nauseous compounds and dangerous mixtures every four hours? If extreme cases like these will get well if left alone, then I ask of what use are physicians? The men who make this charge do not believe a word of it, and if they do, they know themselves as villians for inflicting punishment upon the sick, even while they plead for mercy and beg for life. Speak to the allopath of the teachings and doctrines of his school, and with an air of indignation he denies that he is a routine practitioner, but wants all to understand that he follows his own judgment, in which case he must be a charlatan. Medicine is a matter of experience, and if these individuals are determined to build up an experience of their own, and that, too, with crude drugs, I can only say I pity the subjects and envy the undertaker. My medical friend, if your schools are right you should do as you are instructed; if they are wrong you should not sanction and restrain them by your patronage and presence. If your schools are a humbug, why do you go there except to be perfected in that art? If they teach nonsense, you are unwise to tear yourself away from your friends, and spend your time and squander your means, for you can get a full stock of that article at a cheaper rate and far less trouble. If your teachers do not know anything by a long and accumulated experience, what can you be expected to know without any experience worth knowing? To come to the real facts of the case, you must accept others teachings or follow merely your impressions, and according to your own loved Bichat, if you pursue the former course, you are not a man of sense; if the latter, you are a charlatan. Now, sir, you seem determined to ride, please select for yourself the

horn of the dilemma to which you will cling. I discover that I have so extended my remarks, that I will be entirely unable to discuss, as I intended to do at the outset, the doctrines of the new school, and must be content to present our system only in contrast with the old and perhaps spend a moment to glance at the grand principle which underlies the superstructure of the Homœopathic edifice. Our opponents claim that science is the heritage of their school. Let us look at this point a moment. What is science but "knowledge founded in the nature of things, or established by observation and experiment?" And if founded in the nature of things, results of an uniform character must follow, or the relation between cause and effect must end. If the old school of medicine is a science, then the learned observers and experimenters must agree in the general if not the detail of their knowledge.

Just here let us examine a single disease in the broad blazing light of *scientific allopathy!* and we will behold how delightful it is for "brethren to dwell together in harmony." We will select the cholera for our example. Now, if empiricism and quackery reign triumphant in the old school, these mountebanks will follow their own notions, as charlatans have ever done, and their several treatments will be as different and antagonistic as their characters and notions. If, on the other hand, their claims to science be tenable, we will find similarity in their opinions and deductions. We will see what is said by the prominent and best men of their own school; and first among them is Dr. Christoson, who says that, "when a patient was brought into the Cholera Hospital of Bethnal Green, two drachms of calomel were immediately given, and after that a drachm every one or two hours, etc. Second is Doctor Laycock, a distinguished writer of the "Medical Gazette," who says, "Cholera is in the blood, and, instead of making use of calomel or any other means of depletion, the remedies are quinine and vegetable acid." Third, in the "Medical Times," Dr. Maxwell declares that cholera is dependent upon an epidemic leaven, which operates upon the system like ferment; and the remedy is effervescing soda powders." What a happy trio of medical directors we have

l boast of equal success. Dr. Christoson depletes
Dr. Laycock strengthens his, and Dr. Maxwell,
h both, clings to his soda powders, and attempts
e stomach he deals with into a laboratory for the
of ginger pop. In the "London Lancet," Dr. C.
es "five grains of tartarized antimony dissolved
. of water, and given in doses of an ounce every
Dr. Graves, of Dublin, gives "acetate of lead
while Dr. Hancom has discovered that "a lini-
oil and sulphuric acid" will cure the cholera,
used from the fact that it is so "destructive to
again is a splendid triumvirate in scientific
. Hall treats cholera with a relaxant, Dr. Graves
ngent, and poor old Dr. Hancom keeps his in-
n in his pocket, and consoles himself when the
hat he has saved a linen dress, and with one ac-
otley choir sing hosannas to scientific physic.
f the old school may think it rather unfair to discuss their system and make a public exhibition of their errors; but we have no apology to offer either to them or the people, for they have made complaints against us in public, and then again the people support the profession, and generally have the hardest work to do. The people educate the doctor's children, keep them warm, spread their table, and, what is the worst of it all, swallow the medicine, and the "dear people" have a right to know the facts of the case, and, if they please, demand public discussion, and in all honorable ways obtain information upon a matter of such vital importance as that of medicine. I am glad that the public mind has at last been aroused upon the subject, and the result is a popular verdict, such as the world never before heard, has been pronounced in favor of homœopathy or scientific medicine. About half a century ago, Homœopathy found its way to our land, and its claims were heard only in a faint, low, feeble whisper, which in that brief period has been emboldened into a shout. Fifty years ago, Allopathy, the old tyrant and enemy of progress, stood with his brazen foot upon the infant's neck, and it hardly dared to plead for mercy; but

now the giant has undisputed right to live. Less than fifty years ago, Homœopathy stood begging, but now in the majesty of conscious power, it demands its rights, and challenges the intellect and experience of the age to controversy or comparison. Fifty years ago none were brave enough to dispute the sovereign rights of antimony and opium, or the *lancet* and its ubiquitous accomplice, calomel, but now our venerable friends not only seem to have forgotten their historic period of *striped* poles, but they are absolutely obliged to resort to various subterfuges and misnomers to persuade anybody to risk his life so far as to submit to their treatment. We can truly exclaim with one of other days, "Old things are passed away; behold all things are become new." The "orthodox doctors" failing to show good reasons opposed to the claims of our school, attempt to frighten the timid and deceive the unlearned by asserting that all our "medicines are the most virulent poisons and their administration full of peril." Now all this they know to be false, base and unmanly, or else they exhibit a degree of stupidity that is without precedent or parallel. Among the multitude of remedies used by the new school, it is true we find those sanctioned and adopted by the old. They use corrosive sublimate, arsenic, strychnine, and hydrocyanic acid. Now if we wanted more active poisons, we could not in the domain of Nature obtain them. Do these drugs become more noxious the moment *we* touch them? Not by any means; but if used by us it is only in infinitely diminished doses. And we maintain that the smaller the quantity of such articles introduced into the system, the better for the patient. The doctors who may entertain doubt upon that point and prefer *large amounts*, have my permission to practice upon themselves, and I have no doubt but what a determination of this kind could obtain the approbation of their patients with very little trouble. Here allow me to mention one of the important differences between the two schools of medicine, and the one that more than any other annoys our patriarchial friends, and that is our doses. All the observations and experiments of the new school have been constantly directed to what men of reason must admit

without debate is the real essential of scientific physic, viz.: How small a quantity of a drug is required to produce certain results. On the other hand the old school have only cared for the thousands of years it has lived to ascertain how much of a given drug an individual can take and live. And although they have been tugging at this proposition for ages, it is now and will remain forever unsettled, unless some scale shall be discovered by means of which the life forces can be accurately measured, or else finite wisdom comprehended. Opinions and preferences are made apparent by utterances, and every day we are reminded of this difference to which I have called your attention, when the homœopathist rejoices that he succeeded with attenuated medicine, whilst the allopath, whose patient has lived, boasts of his heroic practice and affirms that he gave enough medicine in that particular case to kill several ordinary persons. This may be true, and here permit me to ask the doctor how he could have told in case his patient had died, as he should have done to be manly, if the demise came from the disease or the doctor. The charge made against us of administering poisons, for some reason, has been growing more and more feeble ever since the cry of "stop thief!" has been out of fashion.

When the Homœopathists, as many of them prefer to do, select the low dilutions or make use of tinctures in their treatment of the sick, our dear friends get very much excited and declare, that all there is of the new school is the dose, and in this way they demonstrate that they do not know anything about the system they condemn. For whatever ideas we may entertain upon the matter of attenuation, we claim the broad ground that the dose has nothing whatever to do with our doctrines; the question paramount to all others is simply: Was the remedy selected in accordance with the law of Similars? In the new as in the old school, the dose is determined by judgment and experience, which if relied upon by one school, should not be denied to the other.

A class of the antiquated, who are too shrewd to charge us with the exclusive use of poisons, go to the foolish extreme of asserting that we do not give any medicine, and therefore

should not be trusted. If the class who are more verdant than wise are correct, and we do not use any medicinal agents, as they affirm, how do they account for our success as compared with theirs? It is a little curious that in the allopathic hospitals of Europe, where the patients never complain for want of drugs, their losses are thirteen per cent., and the homœopathic loss only four per cent. In St. Louis, in 1865, the statistics of mortality in allopathic hospitals was fifty-three per cent., whilst in the homœopathic it was only one. Dr. Wilds (allopath), in his book on Austria, is forced to make the startling announcement as the result of his observation, that "while two-thirds of those who were treated for the cholera in homœopathic hospitals were cured, two-thirds of those in the allopathic hospitals died. Statistics that cannot be disputed, show in typhus fever seventy-eight per-cent. in favor of homœopathic treatment, and in yellow fever about forty-two per cent. And in pneumonia while homœopathy loses five and a half per cent., allopathy loses thirty-one and a half; and besides that the mean duration of this disease under the former treatment is twelve, and under the latter twenty-nine days. With these results before us, we have only to say, if it be true that a larger proportion of people recover without medicine, as the allopaths declare is the case, that the persons who die between the two extremes are killed by the dose. It was without doubt this view that forced the sagacious men of the Provident Assurance Company of England, who had invested their money in the enterprise, to examine into the matter of medical treatment and its bearings upon their interests; and in this country, as well as in Europe, the most competent actuaries were summoned, and verified statistics put into their hands, and after careful examination they have stated to the world, that those who employ homœopathic physicians only enjoy better health, and consequently live much longer, and that in serious cases the mortality under homœopathy is *small* in comparison with that of allopathy; and the result is, that now those who make use of our remedies, can procure an insurance upon their lives at greatly reduced rates, and the reduction is made

every year. We all know that the first talent of the age is found in these organizations, and everything is brought to bear that can in any way promote the interests of those who invest their means. And there can be but one reason why a risk can be taken upon one life cheaper than upon another, and that is, the one has a chance to live longer, and must on that acconnt pay more premiums.

With all these facts standing prominently before us, I affirm that it is the bounden duty of every man who has human life committed to his charge, to study the new system with honesty and care, and not deride and abuse it like a madman or an idiot. Upon such evidence a jury would be ordered by the court to give a verdict for the party which adduced it; and if they refused thus to act, it would be deemed a flagrant outrage upon all interested, and a plain violation of duty worthy of indictment and punishment in any civilized country. Before the allopathic jury, then, we place this testimony; we give them the facts; we put within their reach the experience and observation of their peers; we open to them the volumes of our faith and the doors of our colleges; we tell them that we have no secrets, and we invite fair, open, honorable, manly criticisms; our faith is given to the world, and our principles are public property; if they are right adopt them; if our remedies are productive of more good than yours, for humanity's sake take them; if we are wrong, expose our fallacy and confer a blessing upon the race and honor upon your art. There need be no malice here,—we are all brethren laboring for the common good; we are all human beings, not monsters; with steady and unceasing step we are all marching to the same wonderful country, and are responsible to the same God; our duty is one of great solemnity, and we entreat our enemies to come with us, and we will do them good; but if they will not they must be left like the dust that drops from the chariot wheels, for we cannot and will not tarry whilst our destiny like a towering fabric of strength and beauty is rising before our enraptured vision. A point that seems to stagger our allopathic friend very much is, that a person in health can take a considerable quantity of homœo-

pathic medicine without injury. I can easily understand how a man, who has long been accustomed to handle agents that must be kept chained or they would kill the first one they got hold of, feels when he gets in his hand *remedies only*; when he is confronted by agents that will *cure* instead of *destroy*, for I recollect when I saw a cure produced by such articles in a case which had long defied the best skill and doses of the old school, and when I saw this thing over and over again, I came to the conclusion that if quality and quantity were related in *any way*, it was only by an unnatural wedlock, and I was almost as much surprised as the warriors of old, who thought they were able to defy all who could come against them, when their glittering swords fell powerless at their feet, as the rams' horns were sounded, and the walls of old Jericho "fell flat." In my opinion, the seeming mystery to which I have alluded is easily explained. It is a well-known fact, and one upon which all writers and authors in both schools agree, that drugs have peculiar power over and affinities for certain organs. Some drugs affect the brain; some the stomach; some the lungs; some the liver; others the eye; and others the arteries or veins or nerves, and so on. For the purposes of illustrating my position, I will select arsenic, which drug Sir Benjamin Brodie (allopath) says always produces its first effects upon the stomach. No matter how or where it is introduced into the system, its effects are equally rapid and certain. There is a *something* in arsenic that the eye cannot see, that the balances cannot determine, or chemistry find; a sort of vital force given this drug for some good and wise purpose by Him whose wisdom planned the universe, and whose unbounded love provided agents to mitigate the sufferings of His creatures. Only look a moment at this one drug, (and the same is true of all,) this apparently inert substance possessed of a law (so to speak) within itself, which always directs it with certainty to go to the stomach, and it never fails. It is not the matter of which it is composed, so far as we know, that forces it with steady step upon its unerring mission. Here, allow me to remark, is one of the grand errors of the old school, which has been content to measure quality by

quantity, and in this way has done quite as much to establish the doctrine of materialism, as any one system of infidel teaching that has existed since the Christian Era. Quality is not estimated by quantity, and he who is silly enough to affirm any such thing, would attempt to calculate a man's immortality upon the hay scales. We cannot fail to see that between drugs and the various organs of the body, there exists an intimate relation, and their effects are varied in intensity as certain conditions relative to that organ may exist. The stomach in health relishes food; warmth is grateful to the unharmed skin; the ear welcomes sound; and the eye luxuriates in the sunbeam; but let a violent inflammation attack the eye, and the light that brought joy to the soul now brings anguish, and is barred out like an assassin; and all this is because its sensibility is increased by disease a thousand fold. Let a disease attack the brain, and the soft notes of melody—though gentle is lyric accents—or strains of harmony and love that used in health to seem like "footfalls of thought in the halls of the soul," are as unwelcome as the roaring tornado. The ear cannot endure as much in sickness as in health. The abraded surface cannot tolerate warmth, or the frozen limb cold; and the diseased stomach rejects the mildest food. The same state of things is true in reference to medicinal agents; and the relations that exist between drugs and the various organs are of such a character, that when a certain condition of those organs obtain, a very minute portion of the drug which has peculiar power over such organs will produce astonishing results.

The theory of Homœopathy, then, is, that he who practices the healing art must learn that God created law of affinity or relationship, that he must become acquainted with the direct action of medicines, and then he will not wonder that a thousand times as much of a given drug can be taken with impunity by a well man as would be tolerated by a sick one, when the affinity or similarity existed; just as the well eye can drink in the golden sunlight with luxury, whilst the sick one cries no! no! a thousand times, at the approach of the most

delicate ray that comes stealing from among the violets or the roses.

But finally we are told that our doses cannot be comprehended, or our quantities estimated; and because we deal with imponderable agents, we are not entitled to trust and confidence: and yet the gentlemen of the old school, who make this assertion, cannot tell how the most simple remedies they use operate. They expect certain results from tartar emetic, opium and castor oil; but the manner in which these results are obtained will forever remain a profound secret, known only to that mind and seen only by that eye which looks in upon the hidden springs of human life. I admit that it seems mysterious that attenuated medicines should exert such wonderful power over disease, but then we are surrounded by mystery on every side, and we often find ourselves the most firmly confiding in the greatest mysteries, and when we have put the wings of faith to our reason, we are not a little surprised to find that we exhibit the highest style of perfect manhood. He who doubts the power of imponderable agents used by homœopathists, would do well to ascertain how much virus is necessary to develop the small-pox or the yellow fever. No one is silly enough to doubt the effects produced, but who has estimated Nature's attenuated proportions of these poisons diluted in the world's atmosphere? What chemist has placed upon the balances the miasm which pervades whole sections of country, and gives us intermittent fevers? Who has been able to measure the atoms of light which pass through a space equal to the circumference of the earth in an eighth of a second, and strike the delicate structure of the eye without harm. Who has had the wisdom to give us the attenuation of the cholera poison which glides across the ocean's bosom, or leaps over hills whose "heads touch heaven," and in sullen silence strike down the strong and the powerful, and hang the sable emblem upon the door-latch, or saddens the heart with the heavy tramp of the funeral march?

If we will adopt the wise course and begin to reason by analogy, we will soon cease to doubt the efficiency of attenu-

ated medicines, and when by the use of those appliances, discovery has placed in our hands, we find new races of animals of which it would require billions massed together to be visible to the naked eye; and when the microscope shows us that these minute animals have organizations as complicated and perfect as ours, and circulating systems bearing the same relations to them that ours dó to us, we will not only be ready to give credence to attenuated remedies, but we will be ready to say with one of the most profound scholars of the age, that "there is nothing great or small only by comparison, and presented by Nature on the one hand with magnitudes infinitely great, and on the other with as inconceivable minuteness, it only remains for us to bow down before the Omnipotence of Nature's Lord and own our inability to understand Him."

BUREAU OF MATERIA MEDICA.

PARTIAL PROVING OF PHYTOLACCA DECANDRA.

BY W. M. WILLIAMSON, M. D., PHILADELPHIA.

Saturday evening, Nov. 26, 1870.

About 5 P. M. Chewed and swallowe l the juice of a small piece of the fresh fleshy root.

5.30 P. M. Had a general disturbed feeling in the stomach, with dullness in the head, increased until 6.30 P. M. Went home to tea, felt better immediately upon going into the open air. Sat down to tea, unpleasant feeling in the head and stomach returned, could eat nothing.

8.15 P. M. Head and stomach symptoms have nearly all disappeared. Dry sensation in the upper part of the pharynx, disposition to haw kand clear the throat, without affording relief; sensation in the right nostril as if tickled with a stiff feather.

Nov. 27. 9 A. M. Dryness of the pharynx and hawking still continues; have raised several small pieces of a tough, sticky mucus; sensation in nostril is smarting and stinging.

9.30 A. M. Had usual full and satisfactory stool.

1. P. M. Have ridden in open carriage three hours; sensations in throat and nose almost entirely gone.

2.30 P. M. Had another full stool; *unusual*, and went immediately out

5 P. M. Have returned after being in a warm room about two hours, and find symptoms of throat and nose returning, but less violent.

7 P. M. Had another natural stool, *very unusual.*

Nov. 28, 8 A. M. All symptoms gone.

8 P. M. Had usual morning stool, no return of symptoms. Had no gastric symptoms after first evening. Took rest of meals as usual.

PARTIAL PROVING OF CARBOLIC ACID.

BY W. M. WILLIAMSON, M. D., PHILADELPHIA.

March 26, 1869.

9.30 A. M. Have made a solution of carbolic acid crystals in alcohol; almost immediately was attacked with pain over the right eye, which continued for an hour after being out in the air, then passed off, but returned upon returning to the room and smelling the acid again; passed off again when out in the afternoon.

8 P. M. Upon smelling the acid again, a return of the pain, but now extends to the temple with a sense of soreness in the right eye ball. The quantity of urine passed is much less than usual, and of a higher color.

March 31, 8 A. M. Have been again handling carbolic acid. Headache over the right eye for several hours, relieved by being in the open air, but continued to pain for several hours. Have had frequent prickling pains through the glans penis and in the urethra. Secretion of urine diminished, and of too high order. Straining at passing urine, and uncomfortable sensation for two hours afterwards.

April 8, 4 P. M. Took 5 drops of the alcoholic solution and went immediately out. Slight pain over right eyebrow, but soon passed off.

11 P. M. Passed a small quantity of high-colored urine, with pain during and afterwards, which kept me awake for some time.

April 9, 7.15 A. M. Awoke with pain over right eye. A full feeling in glans penis; passed but very little urine. Have had no sexual desire since March 26th.

THE GENIUS OF OUR REMEDIES AND THE GENIUS OF DISEASE COMPARED.

BY HENRY N. GUERNSEY, M. D., PHILADELPHIA.

THOSE of you who were present at the last meeting of our Society, held in the city of Erie, in June last, will doubtless remember that on that occasion I had the honor to lay before the Society my view in regard of the individuality of action of the articles constituting our curative resources, in a paper entitled "*The Homœopathic Materia Medica.*" In that paper I took the ground, that the pathogenesis of each medicament exhibited not only many effects which closely resembled those produced by other remedies, together with other effects bearing no resemblance to those produced by others; but, as well, effects which constituted a prominent differentiality—and hence *individuality;* or, in other words, that the "action of medicines, or their medicinality, have not only points of general resemblance and of general difference, but points of special difference also, which presenting, are at once the means of positive recognition."

To these features of essential difference, many terms have been applied; amongst which, "key note" and "characteristic" are the best known and most commonly used. And, perhaps, no better terms than these can be devised for indicating those isolated points of prominence in a pathogenesis. But a term expressive of the combination of these prominent and peculiar conditions and symptoms of a remedy, which, taken together, make up the totality of its individuality, will be found in the word Genius—the Genius of the remedy.

It may not be out of place at this juncture, to define the meaning of the term "genius." *Genius* (gigno, geno) according to the best authorities means the innate nature; that which is peculiar to anything, and constitutes its identity, its nature, disposition, peculiar character, &c.

Hence, you will perceive that the term "genius," as applied

to a remedy, means that which is peculiar to the remedy, and which constitutes its identity or its individuality, and distinguishes it from all others.

Thus we have in our provings pathogenetic effects produced in various constitutions, by various doses of drugs, and which in the aggregate (where the provings are thorough and exhaustive) exhibit the whole sphere of action of each medicament upon the human organism, or the whole field of *curative* action of that remedy; then cropping out here aud there we have symptoms and conditions—apparently isolated, perhaps,—which serve as guides or landmarks in what might be otherwise a trackless plain; and to these the terms "key-notes," "key-symptoms," "characteristics," &c., have been applied, as various similes for our Materia Medica have suggested themselves to the fertile brains of authors and practitioners. Now, the aggregation of these prominent, indicating, and, so to speak, all-pervading symptoms and conditions, presenting in the pathogenesis of a remedy, constitutes and exhibits the peculiarities of its nature and character; or, in other words, its genius, Hence, you will learn what, in my mind, constitutes the *genius of a remedy.*

Having now considered the one side of the therapeutic problem, let us turn to the other.

It is a well-known fact that, in the various forms of disease there are many symptoms and conditions common to all or nearly all forms; and there are other symptoms and conditions which have, by their dissimilarity, enabled pathologists to effect classification and nosological arrangement; but beside all these, we have, in each *case* of disease, as it comes before us in our business as physicians, symptoms and conditions which give it individuality, and set it apart from all other cases as a distinct entity; and the combination of these peculiar and characteristic symptoms and conditions goes to make up the genius of that disease, or more properly, of that case of disease.

Every homœopathic practitioner knows that cases of scarlet fever differ *essentially* from each other, even during the same season, and in the same family or neighborhood. Whatever

may be the influence that gives origin to the disease, different effects are produced in different individuals, even so far that each patient affected may present symptoms entirely his or her own. I do not wish to be understood as asserting, by this, that one case of scarlet fever differs from *all other* cases, for there may be numerous similar cases coming within the range of observation of even a single practitioner; but it does not follow that scarlet fever having made its appearance in a family or neighborhood, all children seized by the disease will necessarily exhibit precisely similar symptoms.

Thus, too, in a neighborhood where marsh miasm abounds, the inhabitants who are attacked by intermittent fever, will present a *great variety* of symptoms, and even the type of the disease is not necessarily the same in all cases. Thus we may witness, in a single ague region, quotidian, tertian, or quartan agues, presenting all the varied symptoms and conditions which mark the vagaries of that intractable disorder, and render it the pest of physicians and patients.

I do not, at this time, propose to attempt to settle the question as to whether these varying individual circumstances of disease are due to extrinsic or to intrinsic influences. It is extremely reasonable to infer, however, that the disease-producing influence is in itself the same in each case of scarlet or intermittent fever, but that it is modified by the peculiarities of the person receiving it, and that the various forms of the disease are due to the predominating effect of these peculiarities.

However this may be, the fact remains that there is an individuality pertaining to each case of disease, constituting the genius of the disease, whether produced through the influence of internal causes or of surrounding circumstances; and it may be remarked here *en passant*, that the recognition of this individuality (or genius) of cases of disease, prominently marks the difference between homœopathic and allopathic ideas of diagnosis and of treatment.

You will now perceive that there is, in my mind, a close correspondence existing between the drug-produced symptoms of our Materia Medica and the disease-produced symp-

toms of a case of physical or mental disorder; and this more particularly, so far as the characteristic or individual symptoms and conditions of either are concerned. On the one hand we have a Materia Medica consisting of an aggregation of the actions of drugs upon the organism in health, each drug presenting points of general resemblance, of general difference, and of special or characteristic difference; and on the other, the catalogue of diseases, presenting symptoms that are common to all, symptoms of general difference, and symptoms of special difference in each case.

We believe—in fact we know—that upon the correspondence existing between the symptoms of the Materia Medica and those of disease, the selection of curative agents depends; and the closer the correspondence the more certainly will the curative effect be instituted by the selected medicament. Our Materia Medica is truly termed a vast storehouse of remedial means, but the complaint has been, not unjustly, made, that its very vastness constitutes the greatest drawback to its utilization. This has led many students of the Materia Medica into the practice of cutting down its symptomatology, to suit their own ideas of what it should be; these ideas being frequently founded in experience, but just as frequently arbitrarily conceived. Hence we often find that symptoms discarded as utterly worthless and unreliable, by one writer, have had their truthfulness abundantly evinced by experiments satisfactory to the mind of another. If these procedures were to be continued *ad infinitum*, the result would be that this great source of beneficence would more closely resemble a palimpsest than anything else, the erasures and re-writings on which would be so numerous as to complicate the whole and render it incomprehensible.

It occurs to me that the only proper course to be pursued, in order to derive the greatest amount of good from our curative resources is, to study the Materia Medica with a view to eliminating the characteristic indications of each remedy it contains, in order to arrive at a knowledge of the *genius* of each; and these being obtained, we have numerous and reliable marks to guide us through the labyrinth of symptoms,

and aid us in arriving ultimately at that goal we so ardently wish to reach, viz, *certainty in prescribing.*

Grauvogl, in his *Handbook of Homœopathy*, has made the point that the art of diagnosis in the homœopathic mind carries with it *indication;* by which he means to assert, that the homœopathic physician, by his method of studying a case of disease, is not only gathering a full and perfect knowledge of the condition of his patient, but is, at the same time, arriving at an equally complete knowledge of the remedy adapted to the case. In no way can this perfection of diagnosis be consummated more quickly and certainly, than by considering on the one hand the marked and characteristic symptoms of the patient, which make up the genius of his disease, and on the other the characteristic symptoms of the remedies of the Materia Medica, which make up the genius of each. I do not mean that in either case other symptoms are not to be taken into consideration, for I hold, on the contrary, to the doctrine of Hahnemann, that the totality of the case should match the totality of the medicine, whenever that is possible. But the *primary indication*—the first knowledge of the remedy, which forms, according to Grauvogl, a part of the diagnosis, will be more quickly and certainly arrived at by comparing the *genius of the disease* with the *genius of our medicines.*

Compound fractures are considered more serious than the simple, for several reasons: first, the greater liability to inflammation, erysipelas, fungus, and other complications; second, because the amount and nature of the force which *makes* it compound, is usually more destructive than that producing the simple fracture: hence, we naturally look for a more desperate case if it is compound.

There are, however, advantages attending the exposure of the seat of fracture, one of which is the greater likelihood of the real nature and extent of the injury being early recognized, thus giving opportunity for proper and speedy treatment.

In compound fractures without depression, there is little to be done save the careful closure of the wound and the observance of due care in subduing tendencies to inflammation and kindred complications.

Compound fracture with depression, but with absence of symptoms of *compression*, arrest our attention at once, and we are called upon to decide whether it is best to operate or to wait. If the depression is but slight, and symptoms of compression remain absent, it is certainly good practice to defer interference; but if the depressed portion of bone has the appearance of presenting ragged edges toward the meninges of the brain, the depression being well marked, then I believe good practice calls for the immediate elevation of the impinging structure; not waiting for symptoms of compression, by which valuable time would be lost.

Compound fractures, with depression and symptoms of compression, (unless these complications are very slight,) almost invariably require the trephine or some similar means. Some authorities advise delay until symptoms of compression appear, but I believe the majority are in favor of immediate action, as giving the best chance for recovery. So far as my own limited observation has gone, the latter plan has met with success.

The *punctured fracture*, all agree, demands attention by trephine or saw even more imperatively than the last mentioned. Hesitation in the use of the proper means, even when the

puncture is but small, is likely to be followed by disastrous results.

Concussion and compression frequently co-exist in the same case; and as the early recognition of the latter is not only desirable, but important as having much to do with the diagnosis, prognosis and treatment of these cases, I take the liberty of noting some of the principal symptoms of each, that a differential diagnosis may readily be made.

Concussion.	*Compression.*
The effect follows the injury immediately.	The effect is not immediate, many minutes sometimes intervening.
The patient can answer questions with difficulty.	Speech is abolished.
Can hear, taste and smell.	Special senses are destroyed.
Has nausea and sometimes vomiting.	No vomiting even follows an emetic.
Bowels relaxed, urination sometimes involuntary.	Bowels torpid, bladder paralyzed, therefore urine is retained.
Deglutition difficult, but not impossible.	Deglutition impossible.
The mind is confused, although not abolished.	The mind is absent, and the patient comatose.

An *operative course* having been decided upon in a given case, the selection of instruments, the plan to be pursued, and the extent of bone to be disturbed, become problems of some importance.

The trephine is very generally used in operations for the removal of depressed portions of the cranium, and it doubtless occupies a place which no other instrument can supply; but the loss of sound bone which must necessarily follow its use, is always to be deplored, and should be avoided if possible. Hey's saw might take its place in many cases, and be equally efficient and less destructive.

By enlarging the opening with one of these saws of Sculte-tus, (as detailed in the cases below), a purchase may be ob-

tained for the elevator, by which the depressed fragments may be raised.

Of course it is borne in mind that the disturbance of portions of the skull should be avoided when at all possible: as, for instance, over the sinuses, meningeal arteries, etc.; but unfortunately this is not always possible, in which case extraordinary care is to be observed that irreparable injury is not inflicted.

The extent of bone to be removed is next to be considered. It is an easy matter to decide upon the removal of detached fragments and rounding jagged edges; but there may be portions of bone partially detached, that are not so easily disposed of, and may or may not be retained.

On this subject, Gross (p. 139, vol. II.) says: "Elevation and retention of the depressed fragments are effected whenever this is practicable; but all loose fragments are removed as well as such as are nearly detached, lest they should become a source of irritation, either present or future, by acting as foreign bodies."

The above is quite plain, and to the point, but the following continuation of the paragraph is, to say the least, obscure.

"I am averse to the retention of any piece of bone, however large, that has lost all connection with the surrounding parts, believing that its reunion, even if it were possible, which, however, it rarely is, would, from the irregularity of its provisional callus, almost inevitably become a source of mischief, leading, perhaps, at length, to the necessity of trephining."

One feels as though it were presumption to criticize the great author here quoted, but it *does* savor of the ridiculous to take into consideration the retention of a piece of bone, especially one in contact with the brain, that has "lost all connection with the surrounding parts," and then to enter into an argument to show that if such a piece of detached bone could possibly be reunited, which possibility he in effect denies, why it would not be the best thing after all, and would likely require trephining subsequently. To say the least, the construction of a lengthy and somewhat punctuated sentence might

have been saved, without leaving much of an "aching void" in that valuable "System of Surgery."

So far as I may judge, if a fragment of bone has any considerable portion of its surface covered with periosteum which retains its connection with the body of the skull, it is safe to retain it; and I firmly believe that we receive not a little assistance from the use of the proper homœopathic remedy in these cases (Calc. phos. for instance).

The mortality in operations for fractured skull is usually very large. Gross (vol. II., p. 152) speaks of the prospects as follows: "In general they are anything but flattering. In the hospitals of Paris and Vienna the operation is nearly always fatal; in London, Dublin, Edinburgh, Glasgow and other large cities of Great Britain, the mortality, although also very high, is much less; and in the United States the number of recoveries in proportion to the number of deaths is as one to four." So by the most favorable showing the mortality is eighty per cent. May we not justly claim, that when Homœopathy becomes one of the *factors* in the calculation, the figures will be more evenly balanced, or, perhaps, the weightier column may sum up the *living* instead of the *dead?* And that there is some ground for this claim may be inferred from the fact of the greater success that has attended the performance of the most hazardous operations in the hands of homœopathists. Surely it is not that they have acquired any greater manual dexterity and skill? No, it is attributable solely to a knowledge of that benign system given us by Hahnemann, and its application to the sufferer in his time of need.

In conclusion, I append the details of three cases of compound fracture of the skull, which have terminated favorably. These cases, I may add, have occurred within the last four months in the Homœopathic Hospital of this city (Pittsburgh).

Case I.

July 4th, 1870. Jacques B., æt. 40, native of Germany; occupation, coal miner. Diagnosis, *compound fracture of the skull.*

About twelve hours ago this man was injured while at work in a mine by falling slate.

A superficial examination discovered a contused wound of the scalp over the superior middle portion of the parietal bone. There were also several contusions about the face. The man exhibited no signs of compression, nor cause for immediate action; and as it was not "a convenient season," further investigation was deferred until morning. ℞. Arnic.[6] every two hours.

5th. The patient has had a tolerably good night, and no bad symptoms have yet appeared.

The scalp wound was now enlarged by crucial incisions, revealing a depressed fracture of the skull, the depressed portion amounting to between two or three square inches, part of which was almost detached, and was forced under the surrounding bone. So far there were no serious symptoms, but with the bone as mentioned, could this favorable state be expected to continue? Deciding negatively, we concluded to raise the fragments. Instead of a trephine, a Hey's saw was employed to remove a portion of the overlapping bone. When this was accomplished on two sides of the aperture, the elevator was introduced, and the bone carefully raised. About an inch square was removed, entirely exposing the pia mater, underneath which the pulsations of the brain were plainly visible. The periosteum on the remaining raised portion was partially torn off, yet sufficient remained to warrant its retention. The bone plyers and raspatory were used to round off ragged edges, and after the wound had been washed out with scrupulous care, and bathed with dilute *Calendula*, the several edges of the scalp were approximated and united with silver sutures; a compress saturated with dilute *Calendula* was next applied, and the *Arnica* internally continued.

6th. The man has made very little complaint, and the wound looks well.

7th. Some of the sutures were removed, and as suppuration was commencing freely, and the weather warm, carbolized linseed oil was substituted as a dressing. ℞. Silicea[30] night and morning.

13th. Suppuration continues; wound healing; general symptoms good. ℞. Calc. phos.^{200} 1 dose.

15th. Wound healing rapidly; last suture removed. ℞. Calc. phos.^{200} 1 dose.

27th. Wound about healed; no bulging or appearance of fungus; feels well. A dose of Calc. phos.^{200} was given, and the man discharged, with suitable precautions, just twenty-two days after the operation. There appeared to be a fibrous deposition in the cranial opening, so that the pulsations of the brain were not apparent or could not be felt.

Case II.

Aug. 13th, 1870. James C., æt. 13; native of America; occupation, newsboy. Diagnosis, *compound fracture of the skull.*

This boy was brought to the hospital this afternoon, suffering with an injury of the head, produced by a boulder, weighing three or four pounds, which had been thrown from a bridge. A contused wound of the scalp was found, about two and a half inches in length, which was bleeding profusely.

A compound saturated with Hamamelis, slightly diluted, arrested the flow. The boy was partially conscious, and complained of pains in the head. Concluding to wait till morning, he received Arnica internally, every two hours.

14th. After a somewhat restless night, the boy still exhibited symptoms of concussion. Assisted by Drs. Burgher and Seip, the wound was enlarged by crucial incisions, thus bringing to view a comminuted fracture of the anterior superior portion of parietal bone, to the extent of about two and a half square inches. The depressed fragments were partially overlapped by the surrounding bone. With Hey's saw, sufficient was cut away to permit the removal of a portion about the size of a silver quarter, that was nearly detached, and the elevation of the remainder to the level of the surrounding bone. The meninges of the brain had suffered no apparent injury, and after the bleeding had ceased, the wound was closed, and a compress of *Calendula* applied.

The treatment was almost identical with the preceding case,

ad although the lad was scrofulous and delicate, the recovery was equally good.

Case III.

Dec. 1, 1870, Thos. McD., æt. 23; native of America; occupation, carpenter; Diagnosis, *compound comminuted fracture of skull.*

Was brought to the hospital in an unconscious state, having just been injured while at work in a new building, by the falling of a bucket containing mortar, which was being elevated, the edge of the bucket striking him on the head while in a stooping position. From a large, irregular wound on the head, blood was issuing in considerable quantities. Introducing a finger in the wound, an extensive comminuted fracture was found. Believing it necessary to afford immediate relief, (and with no assistance at hand, save that given by the excellent matron and nurse.) the wounds were enlarged, exposing crushed bone equal in extent to the palm of the hand, depressed about three-fourths of an inch below the common level, at the deepest portion.

The saws of Scultetus were again used, and sufficient bone cautiously sawed away to permit the introduction of the elevators, and thus by patient and laborious effort, the loose and nearly detached fragments were removed, and other parts raised to proper position, without doing violence to the encephalon.

Some of the raised portions had very little covering of periosteum, yet it was thought safer to allow them to remain than to remove them, trusting largely to Nature and "sugar pills" to affect a reunion.. About an inch and a quarter in diameter of the brain was exposed, with its convolutions and delicate vessels plainly visible. Washing the wound carefully with dilute *Calendula*, as in former cases, the edges were united with silver wire, and a large compress laid over all. ℞. Arn.^{3} every hour.

Same day, 6 P.M. Reaction is taking place; pulse good; seems comfortable. Continued same.

2d. Was quiet most of last night. No fever. Continued same.

3d. Feverish and restless. Continued same.

5th. Suppuration commenced; doing well. Calc. phos.^{200} 1 dose.

7th. No bad symptoms. Dressed with carbolized oil.

26th. He has improved rapidly up to this time, the wound discharging but little. No bulging, and mind all right. Is now able to go home. Calc. phos.^{200} 1 dose.

Jan. 30th, 1871. I saw the man to-day. Still a slight discharge from a fistulous opening. Is in good health. Procured for him a plate of hard rubber, as a protection to the brain; and he proposes shortly to resume his work.

I neglected to state that the seat of fracture was, as in the other cases, in the parietal bone, extending almost to the anterior border.

AN AMPUTATION OF THE HIP, WITH FATAL RESULT.

BY J. H. M'CLELLAND, M. D., PITTSBURGH.

THIS case is reported, not because it was successful, for unfortunately *it was not*, nor yet that there is much information to be obtained from a history thereof, but simply because its publication adds to the material from which statistics are gathered, of an operation not very frequently performed, and less frequently successful.

The subject, Patrick Fagan, æt. 54, by occupation a laborer, and nativity an Irishman, while engaged quarrying, some six weeks previous to this date, (Sept. 7th, 1870,) was struck on the thigh by falling rock, producing thereby a compound comminuted fracture of the femur, upper part. Says he had four different physicians attending him, but the limb at this time gave no evidence of such attention. It was enormously swollen down to the toes, much shortened and deformed, the sharp ends of several fragments almost protruding through the integument, while from an opening on the exterior of the

thigh, large quantities of offensive, sanious pus were discharging. Tongue dry and cracked; great thirst and prostration. The limb was straightened, (no union having occurred,) and placed in a comfortable position. ℞. Ars.[12] 2 hours.

Sept. 8th. Had a very restless night, delirious, thirsty, and continuous desire for stool. Says his bowels have not been moved for twenty-three days. ℞. Enema of warm water, and Nux v. every two hours.

9th. After injection, passed large masses of hardened feces, which afforded much relief. Not so restless and thirsty. Continued same.

10th. A consultation having been called for the purpose of deciding upon the best course to pursue, we concluded to make a large exploratory incision on the outer side of the thigh, and from the knowledge thus gained, decide further.

Making the incision as above indicated, large quantities of putrid pus flowed forth, and the femur was found broken in several fragments, completely denuded of periosteum, and the fracture extending into the coxo-femoral joint.

Feeling impressed that the prospects of recovery were exceedingly small, and finding the whole limb even to the foot filled with burrowing pus, with no possibility of union of the fragments, we concluded the chances were better with the limb off than on.

The posterior flap was made first, then the anterior, and finally the bone was disarticulated, and the arteries secured, without the loss of scarcely any blood. The surfaces were then bathed with dilute carbolic acid, and loosely approximated.

The operation being concluded, inquiry was made as to the state of the pulse, and it was reported good, but a few minutes later, he began to sink. Stimulants were administered, with no effect, the man dying in less than an hour, without a struggle.

This sudden collapse may be attributed solely to the shock, as there was little or no blood lost, hemorrhage having been thoroughly controlled by pressure upon the femoral at its exit from the pelvis.

DEFORMITY OF CHEEK, THE RESULT OF AN ABSCESS.

BY L. H. WILLARD, M. D. ALLEGHANY CITY.

Mr. A. ——, whilst in the army, had an abscess on the right cheek, in the superior maxillary fossa, in consequence of carious teeth, which was opened externally by the surgeon. After it discharged the edges of the abscess adhered to the bone, thus producing a deep cavity, and deforming the face. He came to the office to have an operation performed to improve his unsightly appearance, not wishing to be anesthetized.

I operated by first introducing the knife into the mouth, and cutting upward, separating the cheek from the bone, liberating the edges of the cicatrix, then paring the edges from the outside, forming an elliptical opening, and closing the same by means of pins with thread wrapped in a figure of eight round them, which completely closed the cavity. To assist the pins in keeping the wound in position, adhesive straps were used, and over them a bandage. He was then dismissed, and instructed to keep the incision made in the mouth open by means of a probe, so as to afford free vent to discharges,

On the second day, he returned, the wound had all closed, by first intention, except the inferior part. This was in consequence of the inner opening becoming obstructed during the night. A probe reopened it again. On the fifth day, the external wound had entirely closed; the pins were then removed, also the thread. The discharges from the incision in the mouth had ceased, and he was dismissed, with the depression filled up and the deformity cured.

BUREAU OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

CASES IN OBSTETRIC PRACTICE.

BY J. H. MARSDEN, M. D., YORK SULPHUR SPRINGS.

Not having been apprised of my appointment upon the Bureau of Obstetrics, until I received, a few days since, the programme for the present session of the Society, I have been unable to confer with my colleagues, so as to arrange some plan for a united report upon the subject assigned us. This would have been the proper procedure. For my part, however, of the independent action, and such I presume will devolve upon each member of the Bureau, if he act at all, I would propose to state some cases which have occurred to me in practice, and endeavor to educe from them such instruction as they are calculated to furnish. And in doing this, allow me to add that an ulterior motive, and I think I may say a *principal* motive will be to elicit such discussion as may be instructive to us all. In matters of knowledge, I am disposed to reverse the declaration of the great apostle, who tells us that "It is more blessed to give than to receive." Here I would say it is more blessed to receive than to give.

The first case to which your attention is respectfully solicited, is one of malposition, and consequently dystocia, from malformation of the fœtus. On the night of the 28th of April, 1870, I was called to Mrs. B., the wife of a former resident, about two miles from my home. This was her second labor. I was not at home when she was first confined, and did not see her in that labor. The patient was a young woman rather below the ordinary size, well formed, and respectably intelligent. When I arrived at her bedside, I found the

waters which had been in excessive quantity, had been for some time discharged, and she had been suffering very severely from strong bearing-down pains. Upon making a digital examination, I immediately discovered and abnormal position of the head, and which I soon diagnosed as a presentation of the brow. The head had well descended into the pelvis, and seemed to be completely impacted there. Rotation was incomplete; the presenting brow—the left one—resting to the left of the pubic arch. The pains were still very active, the womb having not yet lost its energy. I soon discovered the head made no advance, notwithstanding the powerful *vis a tergo* by which it was impelled. As soon, therefore, as I was satisfied of the correctness of my diagnosis, and in the absence of a pain, I hooked a finger of the left hand above the occiput, which I drew downward, and with the right hand forced the presenting part upward, thus producing artificial flexion of the head. This flexion was maintained till the next pain took the trouble off my hands, and rendered it still more perfect. After this, but two or three pains occurred in close succession, till the head was born, followed as usual by the other parts. Upon examining the child, I found a singular redundancy of the integument of the neck beneath the chin. The skin seemed to be unusually thick and to hang in folds. I could not discover any effusion in the subcutaneous tissue, the whole deformity seeming to consist merely in redundancy. This doubtless prevented the flexion of the head at the proper moment, and thus in its downward movement threw it, as it were, out of its proper orbit, producing the aforesaid malpresentation.

At the meeting of this Society, in this city, nearly three years ago, I reported a case wherein flexion of the head was prevented by serous accumulation beneath the integument of the neck, underneath the chin, to such an extent as to present the appearance of a large fluctuating tumor. In that case, the size and elasticity of the tumor foiled all my efforts in maintaining flexion. The head came down, until arrested, in a nearly transverse direction; and the woman's strength failing, I was obliged to have recourse to the forceps.

Cases of the above kinds I presume seldom occur. I have met with only these two instances, and I believe have seen none reported in the literature of obstetrics, even in the writings of men of vastly greater experience than my own. I think, however, where the head is found unflexed, when about to enter, or after it has entered the superior strait, and especially when it refuses to accept of flexion by external force, we have reason to suspect some malformation on the anterior part of the neck, and immediately beneath the chin. The certain existence of such malformation cannot, I think, prior to birth, be clearly made out; and if it could, there seems to be no direct appliance by which it could be removed or corrected. The efforts of the accoucheur should therefore be directed to counteracting its deleterious effects upon the progress of labor. When a brow presentation is the result, it may, we presume, in most instances, where the head is not disproportioned to the pelvis, be obviated, as before described, by bringing the occiput down or pushing the forehead up, or better still, when it can be done, by operating on both ends of the lever at the same time. Dr. Hodge maintains that a large majority of brow presentations are spontaneously converted into face presentations, if left to the natural powers. But as such conversion would not always very much improve the state of things, where the manœuvre I have described can be executed, it is certainly preferable. Otherwise, in occipito-posterior positions, if the change does not spontaneously occur, the brow-presentation could be artificially converted into that of the face, by pushing up the occiput, and thus causing increased extension of the head. On the contrary, in occipito-anterior positions, but little would be gained by such conversion.

But if from the foregoing, or any other cause, flexion does not take place, and the head descend with its occipito-anterior diameter nearly coincident with the transverse diameter of the pelvis, and become arrested before rotation is affected, necessitating the application of the forceps, a serious difficulty is at once presented. How shall the forceps be applied? If we introduce the blades along the sides of the pelvis, regardless

of the position of the head, and can thus bring them to a lock, we shall have one blade lying at least partially upon the face, and the other opposite to it, upon the occipital portion of the head With the one, we are in danger of seriously contusing the features,—of indenting the bones of the face; and with the other, especially if the occipital protuberance be short, as in some heads it is, of injuring the spine of the neck. On the other hand, if we seek to apply the blades upon the sides of the head, we will find the one takes position with its convexity turned toward the sacrum, while the other facing it will throw its convexity more or less toward the symphisis pubis. To say nothing of the difficulty when the head is high, and where there is lack of space, of bringing the blades thus introduced to an easy and natural lock, we run the risk in operating, of injuring with the one the rectum, and with the other the urethra and bladder.

Some years ago, I encountered a difficulty of this kind, where, however, there was no deformity of the child, but a narrow pelvis of the mother. The head had perhaps partially entered the upper strait, and *then* became arrested. No efforts of the womb, although they seemed to be very energetic, could cause the slightest advance. I waited, probably two hours, and then as my stock of chloroform was likely to become exhausted as well as my patient's strength, and believing the forceps inevitable, I concluded it was better to employ the instrument then, than to wait till a worse state of things had supervened. On introducing the first blade, it, seeking, according to the principle laid down by Dr. Barnes, the place where it could find most room, turned the inner surface of the shank, so as nearly to look up into my face. I then introduced the other blade, and endeavored by the usual spiral movement, to bring it in opposition to its fellow. In this, however, I found some difficulty; but without resorting to unjustifiable force, I thought I saw a better way. I immediately withdrew the second blade, and using the first as a lever, I partially rotated the head; then again introduced the second blade,—procured at once an easy lock, and delivered

the woman of a living child, without a mark of violence upon it. The mother made an excellent recovery.

In about eighteen months after this time, I was called upon to attend the same woman in her second labor. Her confinement had this time been postponed beyond the expected period; but whether gestation had really prolonged or not, I am unable to say. She carried an immense quantity of liquor amnii, which at first greatly interfered with uterine contractions. After the membranes were ruptured, active pains set in, and the head as before advanced to a certain point, and there stopped. Hours passed in the hope that by moulding it would be brought at least into a more favorable position for the forceps, if not extruded by the natural powers. In this hope we were disappointed. No further progress was made, and the energy of the womb seemed to be gradually wearing out. The forceps was again resorted to, and the same difficulty experienced as before in adjusting the blades. The lever was applied, and the head partially rotated, when the blades took their respective positions without any difficulty. Traction was perseveringly made, but without any advance. At length the instrument slipped, was readjusted, and slipped again, and so on for the third time. The patient was so rapidly becoming exhausted, that I deemed it my duty to resort to craniotomy. In this operation, I found the head so hard, as to be perforated with great difficulty; and when delivered and examined, so complete was the ossification, that the suture could scarcely be traced and hence the failure of the forceps. Had I not found this state of things, I should now reflect upon myself that I had not resorted to turning at an earlier period of the labor. The woman, although at one time during the course of the operation I thought she was dying in my hands, made an excellent recovery, and in two weeks' time was walking about her room.

I am unable to say how far others may have practiced this plan of rotating the head with the lever in transverse positions, before applying the forceps; but I feel very confident that I had never had any instructions to that effect, nor had I in my reading seen the practice recommended in any of our

books or journals, so far as I could remember, up to the time when I first resorted to it. Since I thought of detailing these cases at this meeting, I have been searching for authorities upon the subject, and am happy to find Dr. Hodge recommends the expedient. His book, however, if published I am certain was not in my possession till after the foregoing cases were treated.

If I may be indulged in trespassing upon your patience a little longer, I would relate another—mishap—if you please, and give you the suggestions which it furnished to my mind. Some years ago, the date not exactly remembered, nor is it important, I was attending a young woman in her first confinement. She had been several years married, before she became pregnant. During gestation she fattened in a remarkable manner, so that her appearance was quite changed. Her labor was rather tedious and quite painful. When the head came to rest upon the perineum, that organ was still thick, tense, and showed little disposition to yield. She was partially under the influence of chloroform, not *fully*, as the supply was nearly exhausted. I had apprehensions of rupture, and was doing all I could in the way of support, to prevent such accident. A little while before I expected the head to emerge, my only assistant, a woman who liveed in the same house, and who was holding the patient's hands, announced to me her intention to go down stairs. I told her she could not go. She said she was under necessity. I directed her then to return immediately. She had scarcely reached the lower floor when a tremendous pain came upon the patient. She started beyond my reach, there being no one to support her upon the other side or prevent her. At that moment the head was born, and the perineum torn from the fourchette back to the sphincter ani muscle, and deep into the tissues as it could be. What was the cause of this accident? Remotely, no doubt, fatty degeneration of the perineum, but proximately, as I then supposed, want of support, and I deeply resolved, thenceforward, strenuously to support the perineum, whatever of weariness it might cost me. Facts and

observations have, however, since that time, somewhat modified my opinions.

As I view this accident now, I suppose it was proximately caused not so much by the want of support as by the *sudden withdrawal* of a support. The hand had been firmly applied to the perineum from the time the head began to rest upon it, and it had not therefore been allowed to practice in its own way; that *yielding* resistance, which is its appropriate function in labor and when the support was suddenly withdrawn and the head thrust upon it with such enormous force, it was unprepared to sustain it, and therefore gave way before it. Perhaps we can find an illustration of my idea in looking at men unloading bricks from a wagon. One tosses them and another receives them into his two hands laid together, and places them one by one upon the pile. The one who catches the bricks as they are tossed, holds his hands in such a way as gradually to yield under the moving force until it is finally destroyed. If his muscles were kept rigid and unyielding, he would experience a most violent jerk with every brick he caught.

This was the only accident of the kind I have ever met with, and I am happy to say the woman completely recovered from it without experiencing any permanently injurious effects. She removed some miles away, and was again confined, when I did not attend her. She suffered then from adherent placenta, was roughly treated in its delivery, and died of inflammation of the womb. I was sent for to see her before her death, when she assured me that she had experienced no inconvenience from her former accident during labor.

It is enjoined upon us in nearly all the books upon midwifery, to support the perineum as soon as it begins to be distended by the presenting part. But is this necessary? Or, as Leishman expresses it, "Am I to believe that Nature, after making such admirable provision for the earlier stages of labor, bungles matters to such an extent at the end, as to render the aid of the obstetrician, in every case necessary to remedy a mechanical deficiency?"

Since the occurrence of the accident, the history of which I

have given above, I have attended several cases of painful labor when the patient in the last stage was pretty fully under the influence of chloroform, and the head was born without any support of the perineum. In none of these did any lacerations occur. In other cases, the child was born before my arrival; the labors were said to be rapid and violent, and still there followed no disastrous results. In short, from recent experience and some investigation of the matter, I am strongly inclined to the belief that the support of the perineum does not diminish the frequency of the accident of which we are speaking. It may be upon the whole that it even increases it. To quote again from Leishman, he says: "I am now pretty well convinced that the more assiduously the perineum is supported in natural labor, the greater is the danger of rupture; and I am perfectly certain, that in my practice, a severe laceration is quite as rare as it is in the hands of those of much greater experience and ability, who support the perineum." Indeed, we can hardly expect that the hand applied externally could prevent rupture, when we consider that the laceration usually commences at the fourchette, and that then the direction of the lacerating force is in a plane parallel to that of the surface of the hand, and not perpendicular to it.

The perineum has its appropriate and peculiar functions in the mechanism of labor, just as the womb has such belonging to itself. The womb cannot perform the offices of the perineum, nor can the perineum execute those belonging to the womb. To recur to the illustration of men unloading bricks, it is the business of the womb to toss, that of the perineum to receive the weight, and convey it to its proper place. The womb, by its expulsive power, forces down the head,—the perineum receives it and conveys it to the point of exit, where it may safely make its egress into the world. If the womb be in normal condition, no obstacle preventing this function is normally performed, the organ itself suffering no injury from its performance. So if the perineum be in like condition, it receives the head when it has escaped from the womb, conveys it onward in its proper orbit, namely, the

curve of Carus, and when the head leaves it to be born, it is nothing worse for the labor it has accomplished.

We believe then that the safety of the perineum depends more upon its physological condition at the time of labor than upon support or any other manipulation. If it be in a state of preparation to furnish that *yielding* assistance which is its appropriate function in labor, it is in all ordinary cases safe,—if otherwise, no manipulation will ensure its integrity.

In the vast majority of cases, the perineum is, by the law of the great Creator, prepared for its part beforehand; as we know the womb is for its. Where there is, however, unyielding rigidity, or where this is anticipated, as sometimes happens especially in primaparæ somewhat advanced in life, it becomes us to have recourse to such measures as we believe will bring about a favorable change. At these we can at present only glance. The administration of Actea previous to labor, we think, disposes the perineum as well as the os uteri to relaxation. Chloroform, by obviating irritation, we feel confident has such effects,—we have seen it too often to doubt it. It also contributes to the safety of the perineum, by somewhat holding in check the too violent action of the womb. This particularly noticeable in the last throe, that which most endangers laceration. When the perineum is put to its utmost stretch, and the patient is not under the influence of the anæsthetic, the agonizing pain resulting therefrom, by reflex action, calls forth the utmost energies of the womb to expel the cause; and hence the great danger of laceration. Chloroform has been accused (of what has it not been accused) of tending to laceration of the perineum. I confess I cannot see with what reason. Its almost uniform effect is to moderate the action of the womb. It allays irritation, and thus favors an abundant secretion of lubricating mucus. It at the same time undoubtedly produces relaxation, and these are most important elements in the safety of all the parts concerned in parturition.

If, however, we have not for some reason been able to modify the condition of the perineum where rigidity exists, and apprehend rupture, we may try the effect of manipula-

tion to prevent it, but not in the old way of external support. I have thought I contributed to the yielding of that organ, by introducing several fingers between the head and its internal surface, in the absence of a pain, and before the head passes heavily upon it. The palmar aspect of the fingers is thrown into curvilinear form, and gentle but firm distending force is applied till a pain again forces down the head. The fingers are then withdrawn, to be replaced when the head recedes. I have thought this plan, in several instances, very much facilitated the passage of the head.

Dr. Goodell, of the University of Pennsylvania, has lately proposed the following method to prevent laceration, which he claims to have practiced with success. When he apprehends danger, he introduces two fingers of the left hand within the sphincter ani muscle. With these he makes forward traction, while at the same time he places the thumb of the left and two fingers of the right hand against the child's head to retard the progress. I doubt, however, whether such external force would always sufficiently hold in check the forward movement of the head, propelled by violent uterine contractions, so as to accomplish much good. The very opposition thus made to the efforts of that organ, would, I apprehend, for a time at least, only stimulate it to fiercer action.

A CASE FROM PRACTICE.

BY JOHN E. JAMES, M. D.

Previous history. Mrs. ——— —, æt. 32 years, dates her illness back to the spring of 1855, when pregnant with her first child. While lifting a bucket of water, she felt as though something gave way internally, followed by fainting and unconsciousness. The physician who was called in, gave her a large dose of Ergot; what for and upon what principle the prescription was made Heaven only knows. It was followed by a prolapsus of the uterus, the organ remaining fixed, however

after it was replaced; but the extreme weakness continued during the entire period of gestation. I would just here state, that I believe the overdosing of this patient, (who is of a nervous temperament and scrofulous diathesis,) with that drug, has, by its weakening effect on the womb, and irritating effect on the spine, been the cause of nearly, if not quite, all the so-called diseases through which she has passed, and which I desire now to relate. After delivery at full time, there was great flooding, and a slow getting up, with continued weakness. After menstruation had regularly been re-established, there was flooding each time it came on, for about two years, when the prolapsus uteri returned. In 1859, she became pregnant. Health unusually good, until the seventh and a half month, when she was attacked with inflammation of the right ovary, caused by "turning of the womb," with partial paralysis of lower limbs also. In March, 1860, she was delivered of a healthy child, "while the womb was partially away from her." After delivery, she had a hollow place, the size of a walnut, in right illiac region, and excessive weakness of right limb, so that she could not walk for nearly three months. For a long time afterwards, was compelled to use astringent injections, because the least straining, even for a natural passage of the bowels, would cause the womb to descend to its abnormal position. In 1863 she had a return of uterine trouble, with extreme debility. A change of air and residence materially improved her condition, except that during all the time since her first confinemnt she suffered from irregular menstruation, seldom appearing at the proper time, seven and eight weeks frequeutly intervening between the periods, these lasting only a few hours. After a course of quinine and iron for six months, became more regular as to time, with but little change of quantity. In 1867 was again troubled with amenorrhœa. After trying both allopathic and homœopathic physicians without much relief, she tried sulphur baths. The second bath produced fainting, great prostration, and afterwards a sensation of a shock from galvanic battery, lasting about five minutes, and returning every twenty minutes. On attempting to chew food her jaws would become stiff and powerless; upon

using the arm to lift anything it would become stiff; with blindness, so that she could not read the coarsest print. These continued three days, when the menstrual flow began, and a relief from most of the symptoms followed; her nose bled profusely the succeeding day, when all the symptoms disappeared except the blindness, which lasted for about ten days. Continued nevous for a long time, but no more twitching. In February, 1868, took heavy cold, with severe cough; suppression of the menses again, and vicarious hemorrhage; became melancholy and morose. On 23d, was seized with chill and fever and profuse flooding, which lasted nine weeks, accompanied by inflammation of uterus and right ovary. Was able to be about in three months, and improvement continued till May, 1869, when she again became irregular, with swelling over the right ovary in two weeks, and was again threatened with flooding. From the physician who attended her at this time I get the following. He found prolapsus uteri, with the os dilated and greatly ulcerated; a local application of Nit. silver, supporting the uterus with a ring pessary, and the internal administration of Platina[3] gave immediate relief; but the pessary would not maintain its position long at a time. She had also swelling of right foot.

The latter part of September she fell, striking the end of her spine on a raised brick, from which time she has been a constant sufferer. Inflammation set in, extending from the spine around the entire abdomen, accompanied by an entire suppression of urine for four days, when I was sent for. I found the bladder enormously distended and she suffering intensely, I drew from her a great quantity of urine by the catheter, and gave Arnica[6], followed by Canth., Terabinthnia, Bell., Ars., Cannab., Aconite, and other remedies, without avail, for the bladder seemed perfectly paralyzed. Continued to relieve her by Catheter. In three days erysipelas showed itself over the right side of the abdomen, extending from umbilicus down on the thigh to about six inches below Poupart's ligament; abdomen swollen to bloatedness; skin perfectly dry, with itching, and heat as though coals of fire were lying on it. Gave Bell. On second day skin assumed a purplish appearance.

Gave Rhus tox., and applied bruised cranberries over the surface, which dispelled these symptoms, but there followed cystitis and abscesses in bladder, urethra, and left kidney. Ign., Ars., Nux Vom., Puls., Acon., Canth. and Cannabis were given, with but little effect, Buchu and Teribin, proving the most useful in the case, except for the paralyzed condition of the bladder, which was only relieved by electricity applied first to the spine, and then directly over the bladder; the second application being sufficient. The case then progressed favorably, except a gradual enlargement of the abdomen, leading to the supposition that she was pregnant. In November, at the time for menstrual period, she experienced great pain in the womb, worse at night. Puls. relieved partially. On the fourth night pain increased, amounting to labor pains, with vicarious hemorrhage. Vibernum prun. cured all symptoms of the supposed miscarriage. Upon a closer examination the womb was found to be enlarged, and all physical signs of pregnancy present, except the beating of fœtal heart, which, together with the painful menstruation, with but slight show, induced the diagnosis of hydatid tumor in the womb, and such it proved; for, at her regular time in December, it broke and discharged more than a quart of viscid water. In October she complained of a feeling of numbness in right hip and thigh, supposed to result from the pressure of the distended womb upon the nerves. My attention was again called to this in the latter part of December, when I found an inflammation of the sciatic nerve throughout its entire length. So great was the inflammation that the slightest pressure on the nerve at any point would cause intense pain, which would last for some time afterward. Gradually the limb became contracted, until in a short time it was completely flexed; the sciatica was relieved, only to be followed by an involvement of the hip joint; the pain was burning and boring, in the hip, worse after bed-time. Rhus. tox, followed by Calc. phos., proved curative. The limb was straightened by means of the weights attached to the foot, and hung over the foot of the bed. It became entirely straight,

with good use of knee and ankle-joints in about six weeks, with very slight shortening.

In February, 1870, caught a severe cold; had acute bronchitis with hemorrhage from the lungs; thought by Dr. F. Sims (who was at this time in consultation with me) and myself to be at least partly vicarious. Cinnamon tincture relieved all the trouble, until a few nights afterward, by the removal of the bed clothing, a congestion of the entire left and part of the right lung was induced, followed by profuse hemorrhage on the least exertion. By the administration of Cinnamon and Acon., on the fourth day she was again pronounced out of danger.

On the evening of the fifth day, without any premonitory symptoms, or apparent cause whatever, she was suddenly seized with congestion of the brain and spinal cord throughout its entire length; she was unconscious; muscles relaxed, except at times when, by persistent effort, she was aroused to semi-consciousness. Cuprum aceticum having succeeded (in my experience) in brain congestion, when all other remedies seemed to fail, recourse was immediately had to it, administered every fifteen minutes, for about two hours, when she seemed to rally, and, after leaving messages to each member of the family, sank away into total unconsciousness. Cuprum acet. was continued, at intervals of half an hour, all night. In the morning the inevitable signs of effusion or extravasation into the ventricles of the brain were apparent; deglutition extremely difficult; tongue swollen; slight contraction of the muscles, and strabismus of right eye. At the second consultation held that evening, there were present Dr. F. Sims, Dr. D. James and myself. We found, in addition to the above, both eyes crossed, and the face slightly distorted on right side. Stramonium was ordered, to be followed by Opium if no change by the morning.

Morning, no change. Administered Opium[3]. On the following morning, I noticed slight tetanic spasms over the entire body and limbs; jaws completely locked, and remaining so all the time; spasms returning every two or three minutes, and from a half-minute to a minute in duration.

Considering this a true Nux case, I gave the second attenuation; drop doses every half hour. At the evening consultation the treatment was continued, except in drop doses of the tincture. This was continued at increasing intervals for two weeks, when the patient was able to open her jaws; tongue still greatly swollen and very stiff; deglutition still difficult; "head feels as though in a vice;" voice entirely gone, but could write upon a slate. The spine, which gave no indication of soreness or tenderness during her entire sickness, except at the point of injury, although believed to be the seat of most of her former ailments, now became very painful from neck to coccycx. Light was very painful to the eyes, and the hearing painfully acute; extremely nervous, starting at the slightest noise. Stramonium, Cocculus and Cantharis were the remedies used during this time. Voice returned in about three weeks, and all symptoms very much better. Our attention was afterward called to the condition of the right limb, which was found to be drawn up toward the body, and the leg completely flexed upon the thigh. Diagnosis, coxalgia and anchylosis of knee-joint from contraction of the muscles. By application of the screw-splint and the administration of remedies internally, in about three months she was able to be up. Knee-joint perfect, with over three inches of shortening in the limb. This has since been reduced to be about two inches shorter than the other, which I fear must remain as a deformity. Patient, at present writing, is greatly improved in health, and though recently threatened with lumbar abscess, is now apparently through with that and kindred troubles, and in a fair way for perfect health again.

I give this case, not so much for the remedies used in its treatment, but to show the many forms of disease through which she was compelled to pass, all having for their origin and primary cause, chronic irritation of the spine, augmented, if not *induced* by large doses of Ergot, administered when the system did not call for its action, and, of course, culminating in the last year and a half of continued illness by the direct injury to the spine.

Trusting that the recital of this, to me remarkable case, may prove of interest to the profession, I submit it.

PROLAPSUS UTERI—ITS CAUSES AND TREATMENT.

BY M. FRIESE, M. D., HARRISBURG.

BEFORE proceeding to discuss the causes and treatment of uterine displacement, I propose to enumerate, briefly, the different kinds of prolapsus, and the manner of their identification. Anteversion, Retroversion, and Procidentia uteri, or dislocation forward, backward, or downward, are the principal forms met with in practice. In addition to these, we may have a partial version or flexion of the organ, and possibly lateral obliquity. For the proper diagnosis of these different forms of prolapsus uteri, it is absolutely necessary to subject patients to a careful and thorough digital examination. Almost never can we rely exclusively upon the symptoms, local and general.

The difference between a flexion of the uterus upon its own axis, and a more extensive dislocation, will readily be detected, by observing the position of the os. In cases of retroversion, the os uteri will point toward the pubic arch, while in anteversion it will be found high up along the sacrum. Anteflexion and retroflexion do not require this change of position in the os, since the organ is usually bent at the junction of the cervix and fundus, thus allowing a great amount of displacement of the upper portion, while the lower remains unchanged. Procidentia uteri, or dislocation downward, is easily recognized by the nearness of the os to the external parts. If it be a reducible case, the finger will readily carry up the whole organ to its natural position; but immediately upon removing it, the uterus will prolapse to its former locality. Lateral obliquity of the uterus obtains sometimes

when the organ is gravid. Hence it may cause trouble during parturition, by directing the force of the labor pains against the side of the pelvic brim, and thus prolonging the travail. I may here remark that I do not wish to be understood as ignoring the value of symptoms as a means of a diagnosis in prolapsus uteri. These should be carefully noted in connection with the physical signs. I shall not stop to repeat them, but will pass on to notice some of the causes of uterine prolapsus. For methodical purposes, they may be divided into extraneous and inherent causes, or what amounts to the same thing, we may distinguish them by the familliar titles of proximate and remote causes. Under the first of these classifications, we may place mechanical injuries producing uterine displacement. Falls, blows upon the abdomen or back, excessive walking, running, jumping, or dancing, are prolific causes of prolapsus. Not less injurious is the abominable practice of tight lacing around the waist. This has a tendency to crowd down the abdominal viscera upon the pelvic, and so eventually to produce displacement of the womb, which in that instance is generally a downward dislocation. I think this practice is sufficiently indulged in to make it a constant object of censure by the physician. There is no possibility of pushing the womb up by medicines, pessaries, or any of the numerous devices in use, so long as it is being pushed down by the tightly laced corset. The vagina being a convenient outlet for the uterus, it is easy to understand how the prolapsus occurs. Another cause which may be considered extraneous, is that reprehensible practice of using forcing medicines to produce the menses, and of using any means in their power, (as some do,) to cause abortion in the first months of pregnancy. Somehow or other, it has entered into the minds of some women, that the Creator has very unwisely formed them to help propagate the species, and hence they set themselves to work to prevent such a dire calamity.

I need not remind you of the fact, that some females are always on the physician's list. Of these, a large proportion belong to the class of transgressors just referred to. They are

the more puzzling, since they are so very innocent. They cannot imagine why all these horrible things come upon them, and conclude, finally, that they are the innocent victims of married life. Almost they consider the question

> "Whether 'tis nobler in the mind to suffer
> The slings and arrows of outrageous fortune;
> Or to take up arms against a sea of troubles,
> And by opposing, end them?"

In justice to them, however, I must not neglect to exhume their male associates in this unnatural proceeding. It were well for the medical profession, if a veil could be thrown over this subject just here. But one step more is necessary. Some of these male associates bear the title of Doctor of Medicine. Here is certainly ah evil which merits the strongest rebuke and execration known to justice. But it is the physical injury resulting from this constant strain upon the uterus, that I wish more particularly to notice. That uterine displacement is the inevitable result of such treatment cannot be doubted; and that the cause is in pretty extensive operation, is equally certain. Another fruitful source of prolapsus uteri, is getting up too soon after parturition. The accoucheur should always insist upon quiet in the horizontal position, after labor, for a period varying from ten days to three or four weeks, according to circumstances. This is necessary on account of the relaxed condition of the uterus, vagina, and abdominal muscles. I have had many patients suffering from prolapsus uteri, who very correctly dated the commencement of their trouble to imprudence after labor. Leucorrhœa is also a cause of displacement of the uterus, or rather, it may be considered an auxiliary cause, since it is generally found in conjunction with some other cause or causes, of which it may be considered an effect. By weakening the walls of the vagina, it prepares the way for the descent of the womb, which is generally procidentia uteri.

Having now considered a few of the extraneous agencies concerned in the production of uterine prolapsus, I desire to call your attention to some of the inherent or more proximate causes. I may possibly not weary your patience by referring

to one of these at some length. I have in my mind's eye, muscular laxity and consequent straightening of the spinal column.

Dr. Smith, an English physician, in a paper on parturition, makes the following remarks, most of which are germain to the subject under consideration. He says: "What makes the contrast between the easy and rapid childbirth of the savage state, and the painful and lingering process of civilized life? In answering this inquiry, I shall endeavor to elucidate the chief reason of this obvious difference, and thence to show what gives the advantage to the savage. I shall endeavor to prove that a force, which exists in the one, and is deficient in the other, explains to a great extent the dissimilarity of the two instances. I hope then to propose a remedy for the defect, and to give my experience of its efficacy. The same question applied to uterine ailments, is capable of a similar explanation; and its solution will, I venture to say, elucidate an important cause of the frequency of diseased women in civilized life. Man being erect, it necessarily follows that the structure of the pelvis and abdominal muscles must be such as to retain the viscera in their proper position, and to make the necessary expulsive efforts, which defecation and parturition require, with impunity. The spinal column thrown into a series of waves, not only lessens shock from concussion, but by its lumbar curve, the plane of the pelvis is rendered oblique, constituting that graceful form, which, when absent, is artificially supplied by a pad or bustle, and which is so designed as to support the abdominal viscera on the pubis, aided by the abdominal muscular walls and spine, and to retain them within the pelvis; but when the plane of the pelvis becomes horizontal by the obliteration of the lumbo-spinal curvature, the abdominal viscera tend to prolapse toward or beyond its outlet, and so displace the pelvic contents. This lumbar curve being absent at the extremes of life, the infant is found to be straight-backed; whilst the common evidence of old age is the obliteration of the double-antero-posterior curves, going on to the bowed back, and drooping form of those who are well stricken in years. But

the deficiency of the natural spinal curves is more or less known in early adult life. It may be from disease of the bodies of the vertebræ, with which we have at present nothing to do; but its chief cause may be found to be defective muscular power, which in its cause and effect, forms the chief subject of the present paper."

From this description, we may very truthfully infer, that in order to retain the abdominal and pelvic viscera in their normal positions, it is not only necessary that the local muscles and ligaments should be strong and healthy, but that the whole muscular system of the back, especially, should be in good tone, and in this way preserve the natural waves of the spinal column, which in its turn will stay and bear up all the dependent viscera. I think we may not lightly pass this consideration, without losing much of the true pathology of prolapsus uteri. The viscera of quadrupeds are carried in a sack, which is suspended from the spinal column in a perpendicular direction to it. Gravitation consequently operates at right angles to the plane of the natural outlets, which is a sufficient explanation for the non-occurrence of prolapsus uteri in this class of animals. In the biped, as soon as the natural curve in the lower portion of the spinal column becomes obliterated, the plane of the pelvic and abdominal outlets comes in a direct line with the attraction of gravitation, and there being no longer any resting-place for the viscera, prolapsus is the inevitable result. Much has been written, of late years, upon this theory, and while Dr. Banning and others have undoubtedly carried their practice, based upon it, to extremes, it nevertheless deserves our careful investigation. I am not of the opinion that a diligent study of the etiology and pathology of disease is antagonistic to true homœopathy; *per contra*, I think it aids very greatly in the selection of the proper remedy. I have thus endeavored to present, very briefly, some of the causes, remote and proximate, of uterine prolapsus. Many circumstances operating as causes of this malady, remain untouched. I must, however, be content with what I have already said on the subject, and go on to notice in a very general manner the treatment of

uterine displacement. The cure of prolapsus uteri is unfortunately not always easy, for reasons perhaps already inferred. I must therefore recommend, as far as possible, the removal of the causes which produce and continue the disease. It is true, that the causes of disease are sometimes very obscure, and occasionally altogether inscrutable. This is especially true of remote causes;—not so much of the exciting agencies. Patients affected with prolapsus, should, as a general rule, be required to avoid much exercise. Many there are, who must be confined to the horizontal position, if we wish to give our remedies a fair chance. This is sometimes hard to enforce. Some patients tell us they cannot afford to keep quiet. They must attend to their household affairs, or they must work for their daily food. Others cannot bear the torture and monotony of the supine position in their rooms. The great desideratum with these persons is to have some mechanical appliance which will keep the womb up during their perambulation. For this purpose, pessaries are inserted, and all the straps and harness which fertile brains in this direction have invented are worn; with what result, I need not tell you. I have used pessaries in these restless persons with apparent temporary benefit; but I have always found that when long worn, they create irritation of the vagina, which is followed by leucorrhœa, and consequent injury to the patient. As regards abdominal supporters and spinal braces, they cannot be looked upon as curative, but only in the light of a splint to the fractured bone. If the patient cannot be cured by remedies, she must wear such harness all her life. In my practice, I avoid, as far as possible, any mechanical appliance in the treatment of prolapsus uteri. Backward dislocation of the uterus, if not of so long standing as to have permanently fixed the organ, by adhesions or otherwise, can usually be reduced by the taxis. The patient being placed upon her hands and knees, pressure may be made upward and forward per vaginam, with the hand or some suitable instrument. In cases of much resistance to the efforts at reduction, the instrument of Prof. H. N. Guernsey may be used to advantage per rectum. After the reduction,

the patient must remain in the horizontal position a sufficient length of time, and the proper homœopathic remedy be given. Displacement in a forward direction does not admit of much mechanical treatment. An effort should be made at reduction by the taxis, but experience does not reveal much that has been accomplished in this direction. The organ may be pressed into the normal position, but to keep it there is not an easy task. The proper remedy, together with quiet on the back, and the avoidance of too frequent urination, may do much for the patient. In cases of reducible procidentia uteri, the suggestions already made, concerning rest in the supine attitude, and the exhibition of properly chosen remedies, will generally effect a cure. The last thought I shall offer upon this subject, at this time, is concerning the best manner of overcoming muscular weakness and spinal deformity resulting from it. Must the patient be propped up and supported by mechanical means, or shall we trust entirely to medicines and hygienic treatment? Is there any plan by which the muscles can receive tone and rigidity, and the altered plane of the pelvis be restored, so as to keep the uterus in its normal position, without loading down the patient with cumbersome mechanical gear? My preference is for the use of remedies and proper hygienic measures, discarding all mechanical appliances. If I at any time violate this standard, it is in such cases as the patient will not, or cannot, conform to all my requirements as to rest and position.

THE BANDAGE AND THE LIGATURE.

BY J. H. M'CLELLAND, M. D., PITTSBURGH.

The pursuit of that important branch of our profession indicated by the term "obstetrics" evolves many problems, the practical solution of which in no small degree involves the welfare of humanity in its broad relation to the lying-in state. Two of these problems are at the present time attracting the special attention of some practitioners, and should receive from all more than a passing notice.

It is my purpose now to give the results of my limited experience and observation during the past two months (from Oct. 28th to Dec. 29th, 1870,) in this matter of dispensing with the bandage and ligature as applied to the parturient woman and new-born child respectively. And, in order to do this, a brief account is presented of cases, in which attention was given to these points.

Case I.

Oct. 28th, 1870. Mrs. K., æt. 26. Third labor. Delivered of a healthy female child after a moderately easy labor. Waiting till pulsation in the cord had become somewhat enfeebled, it was divided, and no ligature applied. The slight hemorrhage that followed soon subsided, and no further trouble was experienced; the umbilicus healing in the usual time. The child was not notably affected with colic, nor was jaundice observed. The mother was large and fleshy, with flabby abdominal walls. On this account I yielded to her request that a bandage be applied. I explained to her why it might be better to dispense with it, and the next day, finding it uncomfortable, she followed my advice, and took it off. Her recovery was good, with no bad effects to be complained of.

Case II.

Oct. 28th, 1870. Mrs. T., æt. 28. Third child. After a

perfectly normal labor, was delivered of a large male child. Cutting the funis, while still pulsating, about an ounce of blood issued from the fœtal end. The ligature was omitted, and no further hemorrhage occurred. The umbilicus healed promptly and properly. The child was very colicky for eight or ten days after birth. No jaundice. No bandage to the mother. Her recovery was good.

Case III.

Nov. 2d, 1870. Mrs. Y., æt. 35. Fourth pregnancy. Quick labor; male child; cord had about ceased pulsating when section was made, and there was very little hemorrhage. Everything went on normally, and the child was free from colic and jaundice. No bandage was applied, and the mother's "getting up" was quicker and better than usual.

Case IV.

Mrs. D., æt. 33. Third labor. Delivered of a male child, which appeared healthy at birth. No ligature was used, and no hemorrhage followed the cutting of the cord, in which pulsation had ceased. The child suffered with colic and diarrhœa, and finally died when about two weeks old. The mother stated that her last child was affected precisely the same way with the same result. To the mother no bandage was applied, and her recovery was much better than before.

Case V.

Nov. 9th, 1870. Mrs. K., æt. 25. First child. Labor was slow and severe, and the placenta was adherent. After cutting the cord, while still pulsating, considerable hemorrhage ensued, but soon ceased, and required no ligature. The child had more or less colic for two or three weeks. The mother's recovery was necessarily slow, but this did not depend on the non-use of the bandage.

Case VI.

Nov. 11th, 1870. Mrs. C., æt. 28. Fifth pregnancy. Was taken with rigors, some hours before labor set in; followed by

high fever and restlessness. The labor was very rapid and the child still-born. No bandage, and recovery quick and good, although she complains that her "shape" is not as good as formerly.

Case VII.

Nov. 20th, 1870. Mrs. H., æt. 25. First pregnancy. Nothing unusual in the labor; female child. Pulsation had ceased when the funis was severed, and no hemorrhage followed the omission of the ligature. The child did well, suffered none with icterus or colic. The mother also recovered nicely without the bandage.

Case VIII.

Nov. 27th, 1870. Mrs. R., æt. 34. Fourth pregnancy. The cord was pulsating when divided, but the bleeding was insignificant. Neither bandage nor ligature were used, and mother and child did as well as was possible,

Case IX.

Nov. 26th, 1870. Mrs. A., æt. 24. First child. After a very tedious and severe labor, in which the child was delivered with forceps and was still-born, the mother made excellent recovery without the bandage.

Case X.

Dec. 3d, 1870. Mrs. K., æt 25. First child. Labor slow, but natural. Female child, which from appearance, and her own statement, was evidently a seven month's product. After waiting some minutes, and breathing having become well established, the cord was divided while still pulsating quite vigorously. The blood spurted out in comparatively strong jets, pressure arresting it but temporarily. I then put it thoroughly on the stretch, as recommended by Dr. Thomas Conway, and thus succeeded, although pulsations continued some time after.

Dressing the cord with raw cotton, the nurse was instructed to watch it carefully, and, if bleeding returned, to tie it. She

states that, shortly after I left the house, hemorrhage recurred, and she promptly applied the ligature. No complaints were made of colic, and the mother got along nicely without the bandage.

Case XI.

Dec. 7th, 1870. Mrs. R., æt. 27. First pregnancy. Labor short and easy. After dividing the funis, which was still pulsating, about half an ounce of blood escaped, but no further hemorrhage occurred, or trouble of any kind. The child was well and free from colic the first few days, but for several days subsequent to this she was scarcely free from pain and some diarrhœa. Relief followed the exhibition of Plumbum. No bandage to the mother and very fine recovery.

Case XII.

Dec. 16th, 1870. Mrs. N., æt. 30. Fourth child. Labor protracted and severe. The child's breathing being well established, the cord was cut while still pulsating. There must have been over an ounce of blood escaped from the cord; arrested by compressing the end, but with disposition to start again. After watching it narrowly for fifteen or twenty minutes I left, with directions to tie if bleeding recurred. A little blood oozed out on the dressing, but no ligature was used. The superfluous portion of the umbilicus sloughed away on the third day, and for several days after it bled slightly when dressed. No colic or jaundice. The bandage was dispensed with, and the mother got up feeling better than usual.

Case XIII.

Dec. 11th, 1870. Mrs. V., æt. 18. Second pregnancy. Quick labor; cord cut after pulsation had ceased; no bleeding; child healthy, and free from colic or jaundice. Bandage not employed, and recovery quicker than with first child.

Case XIV.

Dec. 29th, 1870. Mrs. B., æt. 26. First child. Labor very rapid and easy. The cord had ceased to pulsate before sec-

tion was made, and was followed by no hemorrhage. The child had little or no colic and no jaundice. The bandage was omitted, and the mother has done perfectly well.

The deductions to be made from the above recital, I believe to be these—viz., with regard to ligating the funis:

1*st*. When the cord is divided, after pulsation has ceased, little or no hemorrhage follows, which accords with Dr. Haeseler's observations ("Hahnemannian Monthly," vol. vi., pp. 62), and is what we would naturally expect. There is also an absence of secondary hemorrhage in these cases.

2*d*. When section is made, while the cord is still pulsating, it is followed by hemorrhage from the fœtal end, varying in amount from a drachm to two ounces. Secondary or persistent hemorrhage is more likely to occur in these cases; as, for example, Case X., a seven month's child (the age perhaps accounting in some measure for the result), to which the ligature was obliged to be used, after repeated efforts had been made to control the hemorrhage without. Also, Case XII., which bled rather profusely, but ceased without the ligature.

3*d*. The children are pretty free from jaundice, but suffer more or less with colic, although not so much perhaps as when the old plan is pursued. There appears to be no difference in regard to icterus and colic, whether the funis was cut while pulsating, and allowed to bleed, *or not*, as *none* of the cases were affected by jaundice, but *several* of both classes suffered with colic.

4*th*. The umbilicus seems to dry up and heal better than when ligating is practised.

Finally, the following practical conclusions appear to be the natural sequence of the above:

a. When the cord is not divided until pulsation has entirely ceased, as a rule no hemorrhage follows, and hence *no use or necessity exists for the ligature.*

b. If the cord is cut while pulsating vigorously, there is greater disposition to persistent and secondary hemorrhage; and if the object in view is to permit the escape of surplus or pent-up blood, the subsequent ligation of the cord, after this object has been attained, must certainly lose its objectionable

features; especially as it leaves danger out of the question, and gives peace of mind to the attending accoucher.

c. It is by no means clear, that the escape of a certain amount of fœtal blood from the cord, secures immunity from colic and jaundice.

Although the course of reasoning pursued by the able advocate of this measure, Dr. C. H. Haeseler, in a paper published in the *Hahnemannian Monthly*, Vol. V., No. 9, in which he goes on to show that a quantity of blood is detained by the ligature, thus engorging the liver, and inducing jaundice and colic, and that this effect is further produced by the diminution in the size of the liver, which takes place after birth, appears to be concluslve; yet, I respectfully submit, that the supposed surplus blood thus detained must necessarily be very small, and would meet with rapid disposal by the liver and other excretory organs in a natural, physiological manner. The liver, to be sure, decreases in size after birth, but this is not instantaneous, but by an orderly and gradual process of reductiou. Besides the blood that may be spared from the liver, is certainly required by the lungs in the performance of their newly acquired functions.

If experiment and analogy shall prove that there exists no necessity for the loss of fœtal blood,—the plan most likely to commend itself to the judgment of the profession, would seem to be to wait until pulsation in the cord has ceased, then divide and dress without ligature. I believe there is no risk in this plan.

On the other hand, if further observation goes to show, that it is better to encourage a limited amount of hœmorrhage from the fœtal cord, of course, the section must be made while pulsation continues; and then for the sake of safety and tranquility of mind, the ligature may be used. If you have a reliable watchful nurse, this latter precaution becomes less necessary.

The *non-use of the bandage* has furnished results rather more positive. I believe as a rule, it may safely and advantageously be dispensed with, except perhaps when the abdominal walls are very flaccid, or the uterus inert; and even

here, the main reliance must be in our remedies. Of the cases reported above, all of the recoveries were unusually good, but one of them complaining that her "shape" was not so good as formerly. This latter item we all know is considered of great importance by parturient women.

From the limited number of cases given, much cannot be decided, but it is my hope and desire by continued observation, to arrive at more definite conclusions in regard to these important measures.

BUREAU OF HISTORY AND STATISTICS OF HOMŒOPATHY IN PENNSYLVANIA.

HISTORY OF HOMŒOPATHY IN ALLEGHENY COUNTY, PENNSYLVANIA.

BY J. C. BURGHER, M. D., PITTSBURG.

A popular writer says: "The history which at once charms and teaches most, is that in which philosophy and incident mingle together, and illustrate each other." But we cannot have incident without biography. Every one possesses certain moral and intellectual qualities, impressed by Nature, or acquired by habit and culture, which constitutes the *real character* of the person; while the qualities which the person is *supposed* to possess, form only the *estimated character* or *reputation* of the represented individual. We have no fixed standard of estimation. Each one has a moral and intellectual scale of his own, by which every one else is weighed, and it is not strange that the result, instead of being an accurate and uniform measurement, should exhibit either a *plus* or *minus* quality; and hence, the great diversity of opinions which exist, in regard to the exact place which any one occupies, or has occupied in the great *drama* of life. By some he is placed *above*, by some *below* the just position he should occupy, while his own estimate is seldom reached by any one except himself. Probably no man living ever read anything written about himself, that did not contain something which he would have omitted, or in which something was left out, which he would have inserted. And very few of the dead are more fortunate. In fact, could the subjects of literary embalming rise from their graves, they would treat with disdain their carefully written biographies, and institute legal proceedings against their authors, for defamation of character.

From a mass of disconnected facts, badly remembered, and in some instances uncertain data of over thirty-four years, I propose to write a brief history of the introduction and progress of Homœopathy in Allegheny County, Pennsylvania.

As a valuable contribution, as well as a starting point, I shall assume the responsibility of copying from "The American Journal of Homœopathy," Vol. IV., January, 1850, the following article, from the pen of J. P. Dake, M. D.

The Passage of Homœopathy west of the Alleghenies.

Though the time is not fully come for writing the history of Homœopathy in America, yet the recording of facts that must eventually compose its body, and incidents that must give coloring and life to its pages, certainly is an important duty upon the hands of our generation. When in the lapse of coming years, the American people, fully blessed in the triumph of the true healing art, shall, in tearful gratitude, look back to its "days of small things,"—its early pioneers and propagators, they should be permitted to gaze through no imperfect, no refracting medium.

A chapter in each number of the Journal, devoted to reminiscences of Homœopathy in America, would not only afford rich material for the future historian, but would also stimulate to perseverance those now laboring to introduce medical reform, where medical ignorance has long held sway. An occasional chapter from a diary of some of the "Fathers," would be of real value.

In the following lines, I shall endeavor briefly to describe the passage of Homœopathy west of the Alleghenies.

A young man, educated in medicine at the University of Halle, in Germany, moved by a spirit of enterprise to seek his field of labor in the "New World," arrived in our country in the autumn of 1834. Making the acquaintance of his distinguished countrymen, Drs. Hering and Wesselhœft, with the latter of whom he had an opportunity of testing more fully than he had before done, the truthfulness of the Homœopathic law of cure, he soon renounced fully and forever the

"Old School," the School of guessing, and commenced practice as a disciple of Hahnemann.

Strongly united to his new associates by attachment to a common cause and enmity to a common foe, he was soon vigorously coöperating with them in the spread of medical reform, in the land of his adoption.

In the establishment of the first Homœopathic School of medicine on our continent,* he was a mover, and while it flourished, even though far removed from it, he yet cherished an abiding interest in its welfare. But light radiating from the true Æsculapian altar, established around Philadelphia by the disciples of Hahnemann, gleaming in the distance, had already streaked the West, disturbing the dreams of Allopathy, and gladdening the anxious gaze of the pain-tossed, sleepless victims of disease. The time drew near when, like the disciples of the Great Teacher, they must part, and each bearing a light to open the eyes of the sleeping, and a remedy to relieve the pains of the suffering, go to seek their fields of labor in other parts. In the summer of 1837, Dr. Hering received a letter from a clergyman in Pittsburgh, urging him to send a homœopathic physician over the "mountains." The call was laid before the medical "Burschenschaft." The undertaking seemed hard and almost hazardous.

To leave such a brotherhood, to labor alone amid strangers, and in the face of violent opposition, was indeed an enterprise that might challenge the resolution and courage of the bravest. At the pause given by the magnitude of the undertaking, *Reichhelm*, whose character I have briefly sketched, being urged by Dr. Hering to accept the call, replied, "give me five minutes to think of it." The fruits of that "five minutes'" reflection are to-day ripening all over the great Southwest. The spirit that had enabled him to tear away from his fatherland, enabled him likewise to triumph over the fear of all contests and hardships, in promoting the cause to which the energies of his whole soul were devoted. The lapse of a few weeks saw him upon the summit

* The "Allentown Academy of Medicine," Allentown, Pa.

of the Alleghenies, westward bound, and a few more found him settled in the "Iron City."

Thus, while the darkness of medical ignorance, in America, was as unbroken and uninviting as her primitive wilderness, when interrupted only by scattered colonies dotting the Atlantic coast, he entered the wild and far-spreading valley of the West, with "flambeau" and "heilkraft" in hand.

The very site, selected nearly a century before by young Washington, as the most suitable and commanding for the first stronghold of the Anglo-Saxon arms in the West, was occupied by Reichhelm, in 1837, as the most important stand to be taken in subduing his vast field to the mild and healthful reign of Homœopathy.

The spell broken,—the mountains long looming up like a hideous spectre, to guard the entrance to the land of promise, once passed,—others, catching the "Westward ho," followed toward the "setting sun."

But few months elapsed, when Dr. Pulte, also a member of the Allentown School, passing Reichhelm, planted the standard of reform in Cincinnati. About three years later, he was joined by Dr. Bauer, likewise a member of the Allentown School.

Not having at hand the means of knowing the manner of its subsequent introduction to other places in the West, I shall briefly notice the labors of our earliest pioneer in Pittsburgh.

Upon Dr. Reichhelm's arrival at his new location, the clergyman who had written the letter to Dr. Hering, alone gave him a hearty welcome. Few men have ever engaged in so important an enterprise, under circumstances so embarassing. Advocating a system, with the superiority of which the people were entirely unacquainted,—a principle, antagonistic to the notions and practice of all other physicians around him, he was compelled to bear the insolence and professional abuse of ill-bred opponents, without the hand of sympathy, or even the cloak of charity, that are now so readily extended by an enlightened community, to the reformer in any department of science. Unacquainted with the peculiar habits and tacts of

American Society, the contests into which he was drawn by the "natives," seemed to him more like a "guerrilla warfare," then a scientific encounter. Very soon after his establishment, through the influence of his friend, the clergyman, he was employed as attending physician to the Pittsburgh Orphan Asylum.

The success of his practice there, for nearly twelve years, has been almost without a parallel, even in the history of Homœopathy. I omit the particulars of his treatment there, with the intention of furnishing them in a concise form, at some future time.

For a long time, Dr. Reichhelm stood alone in Pittsburgh. It is true, physicians *calling* themselves Homœopathists, made their appearance around him from time to time, yet for nearly ten years, he found none in whom he could recognize a true and pure disciple of Hahnemann. To fraternize with such, to give them countenance, seemed to him alike inconsistent and injurious. Regarding the *purity* of Homœopathy of greater importance than its rapid and alloyed diffusion, he sternly refused his favor to any and all who, esteeming themselves far in advance of the Old School, and even able to improve the new by *correcting a law of Nature*, mixed the two systems in a wild and senseless practice. Adhering thus to fixed principles, he persevered; and persevering, he succeeded beyond his most sanguine expectations. Year after year he had the satisfaction of seeing his cause progressing safely and rapidly. Learning and wealth, at first lending him their favor, at length gave him their strong support.

To-day, he has at his side able colleagues, and around him a vast and yet increasing number of wealthy and intelligent patrons. Twelve years have now elapsed, since the passage of Homœopathy west of the Alleghenies. But how changed its appearance and prospects! In the mighty field where Reichhelm stood alone, hundreds are now dispensing its blessings to the sick and suffering. Along the broad valley, across the Mississippi, over the Rocky mountains, and along the Pacific, the disciples of the illustrious Hahnemann have

made their way. Even in California, they are found comforting the lonely stranger, who, leaving a cheerful home, has sacrificed health in pursuit of the "El Dorado" of the nineteenth century."

By the foregoing article, we learn that Gustavus Reichhelm, M. D., was a native of Germany, and a graduate of the University of Halle, that he arrived in this country, in the year 1834, and soon after renounced the old, and adopted the new school of medicine.

We are also informed that he coöperated with Drs. Hering and Wesselhœft in establishing the "Allentown Academy of Medicine." In 1837, he located in Pittsburgh, Pa, as the pioneer of Homœopathy west of the Allegheny mountains. Sixteen years of the prime of his life were spent in Pittsburgh, in the conscientious discharge of the arduous duties of his profession. Nor were his labors unrewarded. His practice was large and remunerative. Starting out "solitary and alone," on his arrival, he had the satisfaction on his departure sixteen years after, (1853,) of leaving many able colleagues to reap where he had sown. Dr. R. was a strict Homœopathist, and used the single remedy in the thirtieth potency. He located in Philadelphia, in 1853, where he soon established a large and select practice. His former patients never neglected to give him a call when visiting the "City of Brotherly Love." He died suddenly of apoplexy in Philadelphia, in the year 1864, mourned by a host of personal friends occupying high social positions, many of whom had been his former patients.

DR. C. BAYER, a native of Wurtemburg, Germany, located in Allegheny City, in 1841 or 1842. He was educated with a view to the ministry, at the celebrated University of Tübingen, among whose early professors were numbered the great reformers Melancthon and Rauchlin. He was retired in manners, and mingled but little with his brother practitioners. He bore the reputation of a careful and successful physician. His great *forte* appears to have been the *Materia Medica*. He accumulated considerable property, and retained

his large practice up to the time of his last illness. In the winter of 1865, while on his way home from a professional visit, he slipped and fell on the ice-covered sidewalk, receiving a contused and lacerated wound of the scalp, resulting in a severe form of traumatic erysipelas, which terminated fatally a few days after its appearance. He was one of the original members of the "Homœopathic Medical Society of Allegheny Co., Pa.," and took an active part in its organization. His sudden death, soon after, deprived the Society of any contributions from his pen. We have to regret that he was not spared to give to the profession in detail, the results of his long clinical experience.

But we must dismiss these two noble *fathers* of Homœopathy in Western Pennsylvania. Their labors are ended, but their works follow them. Of them, we may write *faithful.* We know not how much we are indebted to *them* for the high position now awarded to Homœopathy, in the community where they so long and faithfully labored for the promulgation of its principles and the confirmation of its claims. *Esto perpetuæ famæ.*

D. M. DAKE, M. D., graduated at the Medical College of Geneva, New York, his native State. He practised according to the teaching of the old school, for a period unknown to the writer. He located in Pittsburgh, Pa., in 1846, as a Homœopathic physician. He possessed great energy of character and devotion to his calling. A comparatively short time secured to him a lucrative practice and a commanding influence. He wrote a series of articles on Homœopathy, which were published in one of the city papers, (probably in 1853,) which attracted considerable attention at the time. He was for some years, during his active practice, a member of the "American Institute of Homœopathy," and delivered the annual address before that body in 1856. He also submitted a report on "Medical Education," which was published in its proceedings of 1860. Other contributions from his pen, which I need not enumerate, may be found in our homœopathic literature. Failing health compelled him to relinquish his large, remu-

nerative and eminently successful practice in 1863. His present P. O. address is, Reading, Pa.

MARCELLIN COTÉ, M D., a native of Lower Canada, graduated at Bowdoin Medical College, Maine. While practising the old school system in New York city, in 1845, he formed the acquaintance of Charles J. Hempel, M. D., who first called his attention to Homœopathy. He returned to his native place, and remained there during the year 1846. In 1847, he selected Pittsburgh, Pennsylvania, as a permanent residence, where his energy and industry have been rewarded by a large and remunerative practice. We are indebted to him for a translation from the French of Dr. C. Croserio's "Homœopathic Manual of Obstetrics," and the work of Dr. Augustus Rapou on "Typhoid Fever," which appeared in their English dress in 1853. He is a member of the American Institute of Homœopathy, and also of the "Homœopathic Medical Society of the State of Pennsylvania." Of the latter, he served one term as President. He co-operated with a number of other physicians in the organization of the now flourishing Homœopathic Hospital and Dispensary of Pittsburgh. Although he took no part in the formation of the "Homœopathic Medical Society of Allegheny Co., Pa.," he afterwards joined it, and is now a member of its Board of Censors.

His professional labors in Pittsburgh extend over a period of about twenty-four years, which constitutes him the oldest practitioner of Homœopathy in Pittsburgh, now living, and at this writing in active practice.

CHARLES HOFMAN, M. D., was a native of Germany, and completed his medical curriculum at Dresden. He came to this country, and located in Pittsburgh in 1848. About four years after he removed to Illinois, where he died in 1859.

H. H. HOFMAN, M. D., a native of Germany and a graduate of the University of Leipzig. In 1849, he emigrated to this country, and joined his brother, Dr. C. Hofman.

burgh. He assisted in forming the Homœopathic Medical Society of Allegheny Co., and has always taken an active part in its proceedings. He was one of the original movers in the establishment of the Homœopathic Hospital and Dispensary of Pittsburgh, Pa., and is one of its earnest supporters, and has served as a member of its "Medical Board" ever since its wards were opened for the reception of patients. He has a very large practice, and enjoys the confidence and esteem of his brother physicians. He is a member of the American Institute of Homœopathy, and of the Homœopathic Medical Society of the State of Pennsylvania.

WILLIAM PENNIMAN, M. D., was an old school practitioner, who adopted Homœopathy in 1849 or 1850. His practice in Pittsburgh extended over a period of seven or eight years, when he removed to Minnesota. His present location is unknown to the writer.

J. P. DAKE, M. D., pursued his literary studies at Union College, New York, his native State, and graduated at the Homœopathic Medical College of Pennsylvania, in 1851. He selected Pittsburgh as the field of his enterprise, and at once engaged in active practice. He soon after entered into a professional partnership with Dr. Reichhelm, his former preceptor. On the removal of Dr. Reichelm to Philadelphia, he became sole heir to his large professional estate, which he not only retained, but added to. In 1852, an article containing some unjust criticisms on Homœopathy, appeared in one of the daily papers of Pittsburgh, over the signature of James King, M. D., an allopathic physician of considerable ability. The article called forth a challenge from Dr. Dake, to meet the author, before a public assembly, for a free discussion of the following propositions, viz:

1st. *That "Similia Similibus Curantur"—like cures like—is the fundamental law in medicine.*

2. *That the medicinal powers of matter can be correctly ascertained in no other way than by the vital test—the trial of drugs on the healthy.*

3. *That the doses employed in Homœopathic practice are efficient.* Dr. Dake to affirm.

It seems almost superfluous to add, that Dr. King adroitly avoided the discussion. The entire correspondence in reference to it, may be found under the heading, "Homœopathy and Allopathy," in the "Philadelphia Journal of Homœopathy," Vol. II.

The numerous contributions to Homœopathic literature, from his able pen, are so well known to the profession, as to make their enumeration here uncalled for. He is a member of the American Institute of Homœopathy, of which he was General Secretary in 1855, and President in 1858. He has missed but few of its annual meetings since he became a member, and has rarely failed to contribute a valuable article to add interest to its proceedings, and to advance the cause of medical science. In 1855, he was elected Professor of "Materia Medica and Therapeutics," in the Homœopathic Medical College of Pennsylvania, and filled the responsible position with credit to himself and the Institution. Owing to the disadvantages to his private practice and pecuniary interests, occasioned by his absence, he resigned his professorship, and again entered upon his duties as a "private" in the medical ranks. In 1859, he wrote a domestic work or family guide, which he dedicated to his former preceptor, Dr Reichhelm. In 1863, he disposed of his private practice, and removed to Ohio, and engaged in other pursuits. He took an active part in organizing the "Hahnemann Life Insurance Company, of Cleveland, Ohio," and for a time served as its actuary, and subsequently as its Vice President. In 1869, he dissolved his connection as an officer of that well established Company, and removed to Nashville, Tennessee, where he again entered upon the responsible and arduous duties of active professional life.

J. F. COOPER, M. D., a native of Pennsylvania, received the degree of M. D., from the Homœopathic Medical College of Pennsylvania, in 1853. Immediately after the well merited honor was conferred, he entered into a professional partner-

ship with his late preceptor, Dr. C. Bayer, of Allegheny City with whom he remained for several years. At the expiration of the partnership, he opened an office by himself, in the same city. He is devoted to his profession, and enjoys the largest patronage of any physician in the city. His moral and social qualities bespeak his praise, while his force of character inspires confidence.

He is a member of the American Institute of Homœopathy, of the Homœopathic Medical Society of the State of Pennsylvania, and of the Homœopathic Medical Society of Allegheny County. He served one term as President of the latter. He is a corporator of the Homœopathic Hospital and Dispensary of Pittsburgh, and served one year as a member of its medical staff. His individual contributions to its support have been liberal, while his influence has been uniformly exerted in its behalf. He has written several articles on medical subjects, and many students have been transformed into accomplished M. D's, by his skillful manipulations.

FREDERICK TAUDTE, M. D., is a native of Germany, and a graduate of the University of Halle. He emigrated to this country in 1853, and located in Birmingham, Allegheny county, Pennnsylvania, where he has practiced ever since, with commendable success. He stands well with the profession, and is highly esteemed by his numerous patrons.

He is a corporator of the Homœopathic Hospital and Dispensary of Pittsburgh, and served the first year of its operation with great acceptability, as a member of its Medical Board. He is a member of the American Institute of Homœopathy, of the Homœpathic Medical Society of the State of Pennsylvania, and of the Homœopathic Medical Society of Allegheny County, Pa. His P. O. address is Buchannan, Allegheny Co., Penna.

F. R. MOORE, M. D., received his title from the Homœopathic Medical College of Pennsylvania, in 1853. He practiced [illegible]heny city and Pittsburgh for some time previous t[illegible]on.

He practiced in Pittsburgh after receiving his degree, until 1858, when he removed to St. Louis, Missouri.

J. A. BLANCHARD, M. D., graduated at the Cleveland Homœopathic Medical College, in 1854. He soon after located in Pittsburgh, Pa., where he practiced homœopathy for three or four years. He was a good citizen, and stood very fair as a physician. In 1857 or 1858, he turned his attention to speculating in "Patent Rights," and removed to Rochester, New York.

J. C. BURGHER, M.D., is a native of Ohio, and graduated at the Homœopathic Medical College of Pennsylvania, in 1854. He immediately after located in Pittsburgh, Pennsylvania, and still holds forth at the "old stand." He has neither time nor inclination to write an autobiography.

JAMES A. HERRON, M. D., a native of Pittsburgh, Pa., and graduate of the Homœopathic Medical College of Pennsylvania, in the class of 1856. He settled in Pittsburgh, where he practiced his profession, (with one or two intervals, during which his attention was directed to other pursuits,) up to the time of his last illness. During his professional career, he was for some time associated in practice with Dr. M. Coté. He took considerable interest in the practice of Surgery, and achieved some reputation in that department. He possessed good natural powers of mind and fair acquirements. He was one of the original members of the Homœopathic Medical Society of Allegheny County, Pa., and served two years as its Treasurer. He also took an active part in the organization of the Homœopathic Medical Society of the State of Pennsylvania.

He died in 1868, after a very brief illness, æt. 35. He had an extensive acquaintance, influential relations and family connections, and many friends, who will long regret his early demise.

F. W. SKILES, M. D., graduated at the Homœopathic Medical College of Cleveland, Ohio, in 1852. He located in Pitts-

burgh, Pennsylvania, in 1858, where he practiced for about four years, a part of which time he was associated in practice with Dr. D. M. Dake. His professional reputation was good, and his moral character above reproach. In 1862, he removed to Brooklyn, New York. He is a member of the American Institute of Homœopathy.

J. S. RANKIN, M. D., a native of Ohio, graduated at the Homœopathic Medical College of Pennsylvania, in 1858. Soon after receiving his degree, he located in Carlisle, Pennsylvania, where he practiced about six months, when he was induced to remove to Allegheny City, Penna., where he practiced about three years and a half. He then removed to Pittsburgh, and was associated in practice with Dr. M. Coté, for one year, and then opened an office by himself in the latter city, where he is still engaged in active practice. He is an estimable citizen, a good companion, and a successful practitioner.

Dr. Rankin is a member of the American Institute of Homœopathy, of the Homœopathic Medical Society of the State of Pennsylvania, and of the Homœopathic Medical Society of Allegheny County. He is also a corporator of the Homœopathic Hospital and Dispensary of Pittsburgh, and a valuable member of its medical staff.

F. B. COOPER, M. D., native of Pennsylvania. Graduated at Homœopathic Medical College of Cleveland, Ohio, in 1859. He settled in Allegheny City, Penna., where he has practiced ever since. He is a member of the American Institute of Homœopathy, and of the Homœopathic Medical Society of Pennsylvania.

GEO. S. FOSTER, M. D., a native of Pittsburgh, and graduate of the Homœopathic Medical College of Pennsylvania, in the class of 1859. The same year, he commenced the practice of medicine in East Liberty, Allegheny County, Penna. In the spring of 1861, he was appointed Assistant Surgeon of the 13th Regiment of Infantry, Penna. Volunteers, and served for three months. On his return, he located in Pittsburgh, but

soon after removed to Meadville, Pennsylvania, where he practiced until 1865, when he returned to Pittsburgh, and entered into a professional partnership with Dr. C. M. Dake, which was of short duration. He then opened an office by himself, and practiced in Pittsburgh until the completion of his first professional decade, 1869, when he removed to Dayton, Ohio. He is a member of the American Institute of Homœopathy, and was one of the original members of the Homœopathic Medical Society of Pennsylvania. His present P. O. address is Xenia, Ohio.

WM. J. CHURCH, M.D., a native of Pittsburgh, graduated at Homœopathic Medical College of Pennsylvania, in 1858. On his return, he entered into partnership with Dr. J. P. Dake, his brother-in-law and former preceptor, with whom he practiced until his last illness. He died in October, 1862. During the three years which his health permitted him to practice his profession, he added many warm friends to the large and influential circle by which he was previously surrounded. His Christian deportment and sterling qualities of head and heart, endeared him to a host of grateful patients, who will long lament his early demise. He was a member of the American Institute of Homœopathy.

W. C. BORLAND, M. D., a native of Allegheny City, graduated at the Homœopathic Medical College of Pennsylvania, in 1861. He settled in his native city, and practised his profession for a short time; but owing to partial loss of hearing, was induced to abandon it and engage in mercantile pursuits. Although now a thriving business man of Pittsburgh, he takes an interest in everything pertaining to Homœopathy He is a corporator of the Homœopathic Hospital and Dispensary of Pittsburgh, and retains his membership in the American Institute of Homœopathy, the Homœopathic Medical Society of Pennsylvania, and the Homœopathic Medical Society of Allegheny County.

W. JAMES BLAKELY, M.D., native of Pittsburgh, Penna., graduated at the Homœopathic Medical College of Pennsyl-

vania, in 1861. He returned to his native city, where he practiced for a short time, and then removed to Benzinger, Elk County, Penna., where by his industry and skill, he soon secured a liberal patronage. He was appointed Surgeon of a portion of the Philadelphia and Erie Railroad, and served the Company in that capacity until 1869, when he removed to Erie, Penna., his present P. O. address.

Dr. Blakely's surgical practice has been extensive and eminently successful, as well as his general practice. He is well known to the profession from the many articles which he has contributed to our homœopathic literature. He was one of the original members of the Homœopathic Medical Society of the State of Pennsylvania, and at its first meeting reported an interesting case of *Poisoning by Santonine*, with recovery. At the first meeting of the State Society, he was appointed as committee on "*Drug Provings and New Remedies*;" and at its second meeting, submitted an elaborate report on the same. At the third annual session, he presented an extensive and valuable proving of "*Cupri-Arsenitum.*" At the fourth annual session, he contributed an interesting and instructive report on "*Partially Proved Remedies*," and an article on "*Caries of the Joints*," with specimens illustrating the subject. He is now Chairman of the Bureau of Materia Medica of the State Society. Particular citation of other contributions from his pen must be omitted. He is a member of the American Institute of Homœopathy, and a contributor to several Homœopathic Journals. We hope that the next decade of his professional career will prove even more brilliant than the one just drawing to a close.

C. BAELZ, M. D., is a native of Germany, and a graduate of the University of Zurich, Switzerland, in the class of 1836; Shoenlein being at the time one of its Professors. He practised Allopathy for a time in Europe before he came, and also after his arrival in this country. But not satisfied with it, and being familiar with all the details of Hydropatic practice, he opened a "*Water Cure*" establishment, and while practising Hydropathy, he examined and to some extent tried Homœo-

pathy, which resulted in its adoption as his mode of practice, after *twenty-one* years of Allopathic and Hydropathic treatment. He located permanently in Pittsburgh, in 1861. He is a member of the Homœopathic Medical Society of Allegheny County, Pennsylvania, and has contributed several articles to enhance the interest of its proceedings. He has gained some celebrity as an *Oculist* and *Aurist*, and ranks well as a general practitioner.

ALEXANDER BLACK, M. D., a native of Pittsburgh, Penna., and pursued his literary studies at the Western University of Pennsylvania,, under the immediate tutorship of his father, Rev. John Black, D. D., an eminent divine and professor. With an unusually fine education, he entered upon the study of medicine. He spent two years, 1835 and 1836, at the University of Edinburgh, Scotland, and graduated at the Jefferson Medical College of Pennsylvania, in 1837. His graduating thesis was written in *Latin*. He located in his native city, and practiced Allopathy until 1861; when after a careful and even critical examination of Homœopathy, he was convinced of its superiority as a method of treatment, and adopted it, somewhat to the chagrin of his "old school brethren." He is a skillful diagnostician and successful practitioner. He is a member of the Homœopathic Medical Society of Allegheny County, and has written many articles to enhance the interest of its proceedings. He has some reputation as an *Oculist* and *Aurist*, and ranks well as a general practitioner.

M. W. WALLACE, M. D., is a native of Pennsylvania. He graduated at the Homœopathic Medical College of Cleveland, Ohio, in 1862, and immediately after entered into a professional partnership with Dr. J. F. Cooper, of Allegheny City, Pa., with whom he is still associated in practice. He is a member of the American Institute of Homœopathy, one of the original members of the Homœopathic Medical Society of the State of Pennsylvania, and also as a member of the Homœopathic Medical Society of Allegheny County, Pennsylvania. He has a fair record and a good practice.

C. M. DAKE, M. D., a native of the State of New York, received the degree of M. D., from the Homœopathic Medical College of Pennsylvania, in 1856. He practiced medicine in his native State until 1863, when he removed to Pittsburgh, Penna. He practiced as successor to his brother, Dr. J. P. Dake, up to 1867, when he removed to St. Albans, New York.

WILLIAM R. CHILDS, M. D., is a native of Pittsburgh, Pa., and graduate of Washington College, Pa. Soon after completing his literary course, he directed his attention to the study of medicine, and graduated at the Homœopathic Medical College of Pennsylvania, in 1863. He immediately selected his native city for his field of professional labors, and has been rewarded by a fair degree of success. He has performed some critical and successful operations in surgery, and is quite at home in that department. As a general practitioner, his reputation is good. As a citizen, he is public spirited and progressive.

He is a member of the American Institute of Homœopathy, and took an active part in the formation of the Homœopathic Medical Society of the State of Pennsylvania, of which he is *Necrologist.* He was one of the original movers in the initiatory measures which led to the establishment of the Homœopathic Hospital and Dispensary of Pittsburgh, Pennsylvania; and also took a prominent part in organizing the Homœopathic Medical Society of Allegheny County, and is now its Vice-President.

DAVID COWLEY, M. D., is a native of Pittsburgh, Penna. He is a good English and classical scholar, and also speaks the German language well. He graduated at the Homœopathic Medical College of Pennsylvania, in 1853. He was associated with Dr. C. Neidhard, of Philadelphia, for nearly eight years. He had charge of the Dispensary connected with the College for one year. His graduating Thesis on Ephilides was published by request of the editor, W. A. Gardiner, in the second volume of the "Philadelphia Journal of Homœopathy." For about five years, he was Recording Secretary of

the "American Provers' Union," and assisted in arranging its provings for publication; and also wrote the reply to the members withdrawing from the "Union," during the Geary dispute. He translated one or two articles from the German, for the "Philadelphia Journal of Homœopathy," and also a tract entitled, "What *acts* in Homœopathic Medicine," by Dr. A. Fellger, for distribution. He located in Pittsburgh, in 1863. He enjoys a liberal patronage. An article from his pen on "Typhlo-enteritis," was published in the second volume of the "United States Medical and Surgical Journal;" and also a translation from Becker, on the same subject. He is a member of the American Institute of Homœopathy; was one of the original members of the Homœopathic Medical Society of the State of Pennsylvania, of which he was Treasurer, for the term of one year. He was active in the organization of the Homœopathic Medical Society of Allegheny County, of which he served as Secretary for two years. He is also a corporator of the Homœopathic Hospital and Dispensary of Pittsburgh, Pennsylvania, and has served on its Medical Board from its commencement.

P. D. LISCOMB, M. D., a native of Pennsylvania; graduated at Homœopathic Medical College of Pennsylvania, in 1867. He attended one course of lectures many years before, and was in active practice for several years prior to receiving his diploma, in Birmingham, Allegheny County, Penna. In 1864, he removed to Pittsburgh, where he practiced until 1869, when he removed to Beaver Falls, Penna. He is a good practitioner, and highly esteemed as a man. He is a member of the State Society, and of the Homœopathic Medical Society of Allegheny County, Pennsylvania.

L. M. ROUSSEAU, M. D., a native of Lower Canada graduated at Bowdoin Medical College, Maine, in 1845. He practiced Allopathy in his native place for twenty years, notwithstanding he had been a pupil of Dr. Wm. E. Payne, of Bath, Maine. He removed to Pittsburgh, in 1865, and entered into partnership with Dr. M. Coté, with whom he is still associated

in the practice of Homœopathy. Dr. Rousseau is a good classical scholar. He speaks English well, but conveys his ideas with more ease and fluency in French—his "mother tongue." He is well versed in homœopathic literature, and is a careful and successful practitioner. He is a corporator of the Homœopathic Hospital and Dispensary of Pittsburgh, Pennsylvania, and served on its Medical staff for three years, with credit to himself and the Institution. He is a member of the American Institute of Homœopathy, of the Homœopathic Medical Society of the State of Pennsylvania, and of the Homœopathic Medical Society of Allegheny County; the latter, he served one year as Treasurer.

CHAS. H. LEE, M. D., is a native of Pennsylvania, and graduated in the Homœopathic Medical College of Pennsylvania, in 1864. He commenced practice the same year in Etna, Allegheny County, Pennsylvania, where he remained until the spring of 1867, when he accepted the appointment of resident physician of the Homœopathic Hospital and Dispensary of Pittsburgh, Penna. In the fall of the same year he resigned the position and removed to Tarentum, Allegheny County, Penna., where he has built up a good practice. He is a member of the American Institute of Homœopathy, of the State Society, and of the Allegheny County Society.

J. P. HARVEY, M. D., was born in Bucks County, Penna. Nov. 25th, 1836. He graduated in medicine, at the Homœopathic Medical College of Pennsylvania, in 1865. In 1866, he located in Allegheny City, as successor to the late Dr. Bayer, and soon became heir to a large practice; which his impaired health compelled him to relinquish early in 1866. He returned to his native place to recruit his health; but instead of returning to his labors, he was called to his reward. He died July 7th, 1866, leaving many sincere friends to mourn his early demise. He was a member of the Allegheny County Society. He was the original prover of the

Trombidium Muscæ Domesticæ, a record of which may be found in the first volume of the *Hahnemannian Monthly*.

J. E. BARNABY, M. D., a native of England, emigrated to this country in 1842. He graduated at the Homœopathic Medical College of Pennsylvania, in 1866. He located in Allegheny City, Penna., where he established a large practice. Feeble health compelled him to relinquish his professional labors early in the summer of 1864. In the autumn of the same year, accompanied by his wife, he started for St. Augustine, Florida, where he designed to spend the winter, in the hope of recruiting his health, but died on his journey. By devotion to his profession, and Christian deportment, he won the confidence and esteem of his brother practitioners, and a large circle of personal friends and grateful patients, who mourn his demise. He was a member of the Homœopathic Medical Society of Pennsylvania, and of the Allegheny County Medical Society. He was also a corporator of the Homœopathic Hospital and Dispensary of Pittsburgh, Pennsylvania, and a member of its Medical Board.

L. H. WILLARD, M. D., is a native of Pennsylvania, and a graduate of the Homœopathic Medical College of Pennsylvania. During the session of 1866, he filled the Chair of Surgery in his *Alma Mater*, which he resigned in July of the same year, to accept the tendered position of resident surgeon of the Homœopathic Hospital and Dispensary of Pittsburgh, Pennsylvania. Early in 1867, he resigned his position as resident surgeon of the Hospital, and entered into partnership with Drs. J. F. Cooper and M. W. Wallace, of Allegheny City. At the expiration of the partnership, he opened an office by himself in the same city, where he is doing a thriving business.

I should have stated before, that Dr. Willard served three years as Assistant Surgeon in the United States Army and Navy, during the late Rebellion. He has acquired considerable celebrity as a surgeon. He was for some time one of the editors of the "Western Homœopathic Observer." He is a member of the American Institute of Homœopathy.

In its published transactions of 1868, will be found an article from his pen on the "*Treatment of Fractures of the Femur without Splints*," and in 1869, one on "*Pittsburgh Hospital Cases.*" He has contributed papers to the Homœopathic Medical Society of Pennsylvania, and of Allegheny County, of both of which he is a member. The latter he has served both as Vice-President and Secretary. He is a corporator of the Homœopathic Hospital and Dispensary, and a member of its Surgical Staff.

B. F. DAKE, M. D., is a native of the State of New York, and an *alumnus* of Union College, of that State. After receiving his literary honors, he turned his attention to the study of medicine, and graduated at the Homœopathic Medical College of Cleveland, Ohio, in 1862. He settled in Mount Morris, Livingston County, New York, where he practiced his profession until 1866, when he removed to Pittsburgh, Pennsylvania, and entered into a professional partnership with Dr. Chauncy M. Dake, whom he succeeed in practice, in 1867. He has a large and lucrative practice, which affords abundant evidence of his ability, and the estimation in which he is held. In his intercourse with physicians he is courteous and honorable. He is a corporator of the Homœopathic Hospital and Dispensary of Pittsburgh, Pennsylvania, and a member of its medical staff. He is a member of the American Institute of Homœopathy, of the Homœopathic Medical Society of the State of Pennsylvania, and served one term as President of the Homœopathic Medical Society of Allegheny County, Pennsylvania.

J. H. MCCLELLAND, M. D., is a native of Pittsburgh, Pennsylvania, and prosecuted his literary studies in the Western University of Pennsylvania, until 1862, when he directed his attention to the study of medicine, and graduated at the Homœopathic Medical College of Pennsylvania, in 1867. Returning to his native city, he opened an office, and entered upon his professional labors, which have been rewarded by a fair share of public patronage. He takes a special interest in

everything pertaining to Surgery, and has a large experience in that department, and is well posted in all its details. He has *capitally* performed several capital operations, while cases of minor surgery are of almost daily occurrence in his practice. He is a member of the American Institute of Homœopathy, and of the Homœopathic Medical Society of Pennsylvania, serving one year as Vice-President of the latter, and also as a member of the "Bureau of Surgery," to which he has contributed several valuable papers. He is a member of the Homœopathic Medical Society of Allegheny County, to which he has also contributed a number of well-written articles. He has served three years as Secretary of the Society. He is a corporator and trustee of the Homœopathic Hospital and Dispensary of Pittsburgh, a member of its surgical staff, of its Executive Committee, one of its Dispensary physicians, and Secretary of its Medical Board.

C. P. SEIP, M. D., is native of Pennsylvania, and a graduate of the Hahnemann Medical College of Philadelphia, in the class of 1868. He located in Canton, Ohio, where he practiced with good success until 1870, when he removed to Pittsburgh, Penna., and entered into partnership with Dr. H. H. Hofmann. He is a member of the American Institute of Homœopathy, and of the State and County Societies. He is a corporator of the Homœopathic Hospital and Dispensary of Pittsburgh, and is a Dispensary Physician, and a member of the Surgical Staff.

J. P. CROOKS, M. D., a native of Pennsylvania, graduated at the Hahnemann Medical College of Philadelphia, in 1869. He settled in Pittsburgh, with bright prospects and brilliant hopes; but feeble health soon compelled him to relinquish his practice, and go South, with the view of regaining it. After a short absence, he returned home, and died on the 11th of October, 1870. During his short professional career, his Christian deportment and kind attentions endeared him to many grateful patients, and secured many warm friends.

WM. WILSON, M. D., a native of Pennsylvania, received the degree of M. D., at the Homœopathic Medical College of St. Louis, Missouri, in 1870. He had practiced medicine in Allegheny City for about four years before graduating, and continued to practice there until his recent removal to Charlton, Lucas Co., Iowa, his present P. O. address.

D. L. STARR, M. D., a native of Connecticut, commenced the practice of medicine in 1833, as a licentiate of the Medical Society of Massachusetts. He soon [illegible] located in Poughkeepsie, New York, where he practiced for twelve years; when he removed to Cincinnati, Ohio, where he practised ten years. He served for a time, during the late rebellion, as regimental surgeon of the 15th Regiment of West Virginia Volunteers, of the Union army. For three or four years past, he has practiced Homœopathy. He located in Allegheny City, in 1870. Dr. Starr has contributed several papers on medical subjects, which have been published in Allopathic Journals. He is a member of the Homœopathic Medical Society of Allegheny County. His P. O. address is 58 Sheffield street, Allegheny City, Penna.

W. H. BOARDMAN, M. D., is a native of Pennsylvania, and a graduate of the Homœopathic Medical College of St. Louis, Missouri, in the class of 1871. He has located in Pittsburgh, Pennsylvania.

T. C. WALLACE, M. D., a native of Pennsylvania, graduated at the Homœopathic Medical College of Cleveland, Ohio, in 1863. After receiving his degree, he located in Rochester, Beaver County, Penna., where he practiced until quite recently, when he removed to Allegheny City, Penna., his present P. O. address.

DRS. MCCREARY and BURNS practised Homœopathy in Pittsburgh and Allegheny cities, for a short time. Their initials and present location are both unknown to the writer.

DR. SHILLING, a native of Denmark, and graduate of the University of Copenhagen, is now practising Homœopathy in Birmingham, Allegheny County.

Besides those mentioned and recognized as reputable and well qualified practitioners, we have had, and still have, a few who *profess* to practice Homœopathy, and *style* themselves Doctors, who for the present must be satisfied with this short notice.

BUREAU OF MISCELLANEOUS SUBJECTS.

MORTALITY LISTS.

BY PEMBERTON DUDLEY, M. D., PHILADELPHIA.

For some months past, the relations of the writer to the Philadelphia County Homœopathic Medical Society, have led him into some investigations into the records of the Philadelphia Health Office, and particularly those of mortality. The difficulties presenting themselves during the progress of these researches, and their extremely limited and imperfect results, consequent upon the manner in which the records are prepared, have suggested the subject of this paper.

There are two aspects in which mortality records may be regarded as useful,—the first political, the second sanitary. The second is by far the more important of the two. It is eminently appropriate, that in the preparation and preservation of these reports, the primary object should be to advance both professional and public knowledge in respect to the causes which originate, and the circumstances which aggravate disease, in order to secure a better observance of the laws and requirements of health, and thus by the death of the dead to promote the life of the living.

There can be no great ability to prevent disease upon any other basis than a thorough acquaintance with its cause. And it rarely, if ever, happens that the cause of a disease can be ascertained from the observation of a single case, or even from a small number of cases. It is doubtful if the practice of a single physician extending through a life time will furnish material sufficient to lead unerringly to any correct conclusions as to the causes and aggravating influences of any except the most common maladies he is called upon to treat. In numerous instances, the causes cannot even be guessed at, except by a careful observation of those conditions which per-

sist *post-mortem;* and the opportunities afforded for studying these conditions, are too limited to disclose, in cases apparently similar, the relation between the effect and its proximate cause. Nor has the most careful collation of all the published reports, as yet sufficed to solve this most important problem. So that, while we have been learning some truth, we have probably also imbibed much of error. It is almost incredible, as we stand so near to the close of the nineteenth century, that we know so little respecting the essential nature of disease, and with such faint prospects that we shall ever know much more.

It is probable that satisfactory results in this direction will be obtained only by the combined observations of a large number of physicians, spread over a vast extent of territory, and continued for a number of successive years; the cases being all reported to a central bureau, and carefully collected by physicians of the highest culture and the ripest experience. Such a scheme must necessarily involve an immense amount of labor; and it is doubtful if a sufficient number could be induced to embark in it.

In the absence of any such plan as the one above mentioned, the most practicable means for studying the causes of disease, and the circumstances which modify it, are those furnished, or which might be furnished, by the records of mortality, and particularly those of our large cities. These records, imperfectly as they are at present kept, could furnish considerable information upon some points that are as yet doubtful; while if prepared and arranged under the direction of earnest and intelligent medical men, they might become a source of vast enlightenment to the profession, and of incalculable benefit to the public at large. The records of mortality in the metropolis of our State, as kept at the office of the Board of Health, exhibit the following facts in relation to those whose deaths are there registered:—the name, color, sex, age, condition, (married or single,) date and "cause" of death, occupation, nativity, residence, date and place of burial. These "certificates" are given partly by the physician and partly by the undertaker. The superintendents of the differ-

ent cemeteries return them each week to the health office, where they are copied into a large volume, being arranged, not alphabetically according to the names, nor according to color, or sex, or age, nor according to the date of death, or the cause of death, nor even according to the date of burial, but according to the *cemetery in which they lie buried!*— probably the most worthless arrangement, so far as the interests of the medical profession are concerned, that could possibly have been devised. As a consequence of this system, or rather want of system, any investigation into these records by medical men, or others, with a view to the advancement of medical knowledge, is fraught with such immense and unnecessary labor, that very few will consent to undertake it.

In order to make these records of value to the medical profession, they should include, in addition to the facts already mentioned, the exciting cause of the last illness, the date of its commencement, the influences which aggravate it, and the manner in which it caused death, so far as these could be ascertained. Let us give one or two illustrations:—

Name, John Smith.	**Color, White.**
Age, 40 years, 6 mos., 10 days.	**Sex, Male.**
Nativity, England.	**Condition, Married.**
Residence, 333 X Avenue.	**Occupation, Carpenter.**
Last illness, Typhoid fever.	**Commenced, June 20th, 1870.**
Caused by, Overwork.	**Aggravated by, Mental anxiety.**
Direct cause of death, Intestinal hemorrhage.	
Date of death, July 6th, 1870.	**Attending physician, ———M. D.**
Date of burial, July 9th, 1870.	**Place of burial, Laurel Hill cem'y.**
Undertaker, ————————	

Name, Mary Jones.	**Color, White.**
Age, 6 months, 4 days.	**Sex, Female.**
Nativity, Philadelphia.	**Condition, ————**
Residence, 406 Dock street.	**Occupation, ————**
Last illness, Cholera infantum.	**Commenced, July 1st, 1869.**
Cause of illness, Anger of nurse.	**Aggravated by, Want of cleanliness.**
Cause of death, Collapse.	**Date of death, July 2d, 1869.**
Place of burial, Glenwood.	**Date of burial, July 5th, 1869.**

These reports should then be arranged according to the name of the diseases, for convenience of professional refer-

ence. By this method, physicians would have excellent facilities for inquiring into the most frequent causes of disease, and recommending the best methods for its prevention. Moreover, the stated publication in newspapers, of the facts thus accumulated, would, by its effect upon the public mind, contribute more to the prevention of disease, than would whole lectures by the family physician.

RECENT DISCOVERIES IN MICROSCOPIC ANATOMY AND PHYSIOLOGY, IN THEIR RELATION TO PRACTICAL MEDICINE.

BY RICHARD KOCH, M. D., PHILADELPHIA.

In making the following communication, I was animated by the conviction that discoveries in Physiology and Microscopic Anatomy have been received by the Homœopathic profession with comparatively little interest; not because physicians lacked a desire for scientific investigations, but because such discoveries were rarely related in a style to make them of practical use to the practitioner. If by so doing, I shall succeed in arousing the interest of the members of the Society in these branches, I will cheerfully make an annual report on the subject, at each of our meetings.

1. *Termination of Nerves in Glands.*—The recent discoveries of proper agents to stain nerves exclusively, without discoloring other tissues, (Osmic acid, Chloride of gold, &c.,) have established, almost to a certainty, the fact that nerves terminate in the cellular elements of the spleen, kidneys, salivary glands, lungs, and, as quite lately found out by Dr. Popper, in the lymphatic glands of the mesentery. As these nerves end directly in the cells proper, and are therefore, no doubt, influential in the contractility and subsequent function of the same, it will lead us to an explanation how nervous excitement can directly influence the secretion of glands and the functional activity of organs; or, on the other hand, how excessive action of some gland can be traced to nervous dis-

orders generally, when means for a physical diagnosis have failed to bring to light a lesion of the parenchyma of the structure. As our whole nervous system is an inosculating web of fibres and cells, a reverse action is also possible; that is to say, through them an irritable organ can produce functional derangements of other organs; a fact which has long been theoretically assumed, but now, by the late discoveries of the termination of nerves in gland cells, is practically demonstrated.

2. *Centripetal irritation of the pneumogastric nerve, has an inhibitory influence on the activity of the pancreas, and prevents the flow of its secretion.*

If the inhibitory action of the pneumogastric extends itself to a majority of the organs in which we find it distributed, a supposition which seems to verify itself daily more and more, then we might be justified in proclaiming, that some of our remedies, for instance "Veratrum viride," "Pulsatilla," "Alcohol," etc., have their action on so many important organs explained by considering them either as excitants or depressants of that nerve. Although this may at first sight look allopathic, the writer expresses it in strict accordance with what he thinks our motto of "Similia Similibus Curantur" means and ought to mean; that is: *the cause which ignited a constitutional disposition to a pathological state into a disease* (SIMILIA), *has its effect destroyed by the substitution of another cause which is more nearly related to, and has more influence on that constitutional disposition* (SIMILIBUS), *resulting in the disappearance of the disease* (CURANTUR).

3. *Consumption can be diagnosed*, even in its early stages, if we can find elastic fibres of lung-tissue under a 200 diameters magnifying power, after previously dissolving out the mucus, by boiling the sputum with a soda solution of three drams to the ounce of water.

4. It has been found that the vagina is sometimes the domicile of a happy family of parasites, known as the *Oxyuris vermicularis*, which produce a *Pruritus vaginalis*, and thereby become the primary cause of *Nymphomania*.

5. *Ano-spinal and vesico-spinal nerve centres.*—M. MASIUS has discovered by experiments upon dogs and rabbits, that, in the neighborhood where the sacrum joins the lumbar vertebræ, there is in the spinal cord a nerve centre which controls the sphincter ani; and that, immediately above it, there is another, which controls the vesical sphincter. There are, besides, so-called inhibitory nerves, coming from a place higher up. When the chord was cut below the centres, paralysis of the respective sphincters occurred, and involuntary discharges took place; when cut above the centres, violent contractions took place on account of the inhibitory nerves being thereby deprived of their actions upon the sphincters. We can safely infer from that, that incontinence of urine may often be traced to spinal diseases near the beginning of the sacrum, or that by paralysis of the inhibitory nerve, spasmodic contractions of either sphincters may occur.

6. *Artistic anatomy.*—Whereas Adam and Eve could not have had an afterbirth, it is a decided scientific mistake of artists to depict them with an *Umbilicus*.

TREASURER'S REPORT.

DR. *Owen B. Gause, M. D., in account with the Homœopathic Medical Society of Pennsylvania,* CR.

1871.	To amount collected from Members for dues, &c., since last meeting, ...	$246 00	1871. By balance due Committee on Publication, . .
			By balance paid A. G. DeArmond, . .
			By bill for printing circulars, &c., . .
			By bill for binding transactions of 1869, .
			Cash balance in Treasury, ...
	Total, ...	$246 00	Total, ... $246 00

The Auditing Committee respectfully report that they have examined the Treasurer's accounts and vouchers and find them correct.

J. H. MARSDEN,
J. R. WOOD, } *Auditing Committee.*

CONSTITUTION AND BY-LAWS.

CONSTITUTION.

ARTICLE I.

THIS Association shall be known as the Homœopathic Medical Society of the State of Pennsylvania, and its object shall be the advancement of Medical Science.

ARTICLE II.

Any physician of good moral character, who has received the degree of Doctor of Medicine from some regularly incorporated Medical College, and who subscribes to the doctrine "*Similia Similibus Curantur*," may be elected a member of this Society upon the recommendation of the Board of Censors, by a vote of two-thirds of the members present, at any annual meeting.

ARTICLE III.

Every member shall, upon his admission, sign the Constitution, and pay the initiation fee.

ARTICLE IV.

Any non-resident physician, who may be judged worthy from his attainments in medicine or its collateral branches, may be elected a corresponding or honorary member, by a vote of two-thirds of the members present at any annual meeting, and may participate in the proceedings of the Society, but shall have no vote, and shall be ineligible for office.

ARTICLE V.

The officers of this Society shall consist of a President, two

Vice-Presidents, a Recording Secretary, a Corresponding Secretary, a Treasurer, and three Censors, who shall be elected by ballot by a majority of the members present, at every annual meeting; and who shall hold office until their successors are elected.

ARTICLE VI.

The President shall preside at the meetings of the Society, preserve order therein, put questions, announce decisions, and appoint committees not otherwise ordered.

ARTICLE VII.

The Vice-Presidents, in the order of their election, shall discharge the duties of the President in his absence.

ARTICLE VIII.

SEC. 1. The Secretaries shall give notice of the meetings of the Society, keep a record of its proceedings, conduct its correspondence and have charge of its archives.

SEC. 2. The Recording Secretary shall keep a record of all the proceedings and resolutions, the names of all delegates and members, with the date of admission of each; notify all committees of their appointments and of the business referred to them; notify all members of their election; authenticate by his signature all papers and acts of the Society, when the occasion requires it, and bring before the Society communications and business needing its action, not otherwise presented.

SEC. 3. The Corresponding Secretary shall receive and preserve all letters addressed directly to the Society; open and maintain such correspondence as shall tend to advance its interests; give at least two weeks previous notice of
ings of the Society, to the members; and keep a reco
the discussions on any and all the branches appert
Medical Science that may occur in the Society.

ARTICLE IX.

The Treasurer shall receive all moneys and make all necessary disbursement, and make an annual report to the Society in writing.

ARTICLE X.

The Censors shall receive applications for membership, and report to the Society those qualified for admission.

ARTICLE XI.

The annual meetings of the Society shall be held at such time and place as shall be designated at the annual meeting next preceding.

ARTICLE XII.

Seven members of the Society shall constitute a quorum.

ARTICLE XIII.

Any article of this Constitution may be altered or amended by a vote of two-thirds of the members present at the annual meeting; provided, that notice of such intended alteration or amendment shall have been given to the Society when in session at the annual meeting next preceding.

BY-LAWS.

SECTION I.

The annual meeting of the Society shall be held at 10 A.M., at the time and place decided upon at the annual session next preceding, and the President of the Society, with the concurrence of a majority of the Board of Censors, shall have power to direct such other meetings to be held as they may judge advisable.

SECTION II.

The initiation fee shall be two dollars, and each active member shall pay one dollar annually thereafter.

SECTION III.

It shall be the duty of each member to attend the annual meetings of the Society; or, if unable to attend, to furnish the Secretary with some satisfactory reason for his absence, which shall be laid before the Society at its annual meetings.

In case any member shall fail to attend three successive regular annual meetings, or to furnish satisfactory reasons for his absence, his name may be stricken from the list of members by a vote of the Society; this, however, shall not prevent his subsequent readmission to membership.

SECTION IV.

The names of all active members of the Society remaining in arrears three months, after any annual meeting, shall be stricken from the roll, and this provision of the By-Laws shall be appended to all bills.

SECTION V.

At each annual meeting, committees shall be appointed to report upon such subjects as the Society may designate.

SECTION VI.

All communications read before the Society, shall become its property; but no paper shall be published as part of the transactions of the Society without its sanction.

SECTION VII.

The annual election of officers for the ensuing year, shall take place during the last meeting of the session.

SECTION VIII.

The annual order of business shall be arranged by the Recording and Corresponding Secretaries.

SECTION IX.

These By-Laws may be altered or amended at any regular meeting, by a vote of a majority of the members present.

MEMBERS.

Alleman, F. O., M. D., Saxton, Bedford Co.
Allen, J. W., M. D., Altoona.
Armor, Smith, M. D., Columbia,
Ashton, A. H., M. D., 730 South 10th street, Philadelphia.
*Barnaby, Jno. E., M. D., Pittsburgh.
*Barrett, Chas. B., M. D., Iona, Mich.
Blakely, W. Jas., M. D., Erie.
Borland, W. C., M. D., Pittsburgh.
Bowman, Benj., M. D., Chambersburgh.
Bratt, B. R., M. D., Reading.
Brickley, Jeremiah W., M. D., York.
*Brooks, Silas S., M. D., 140 N. 12th street, Philadelphia.
Brown, Samuel, M. D., 651 N. 10th street, Philadelphia.
Bryan, John, M. D., Water Cure P. O., Beaver Co.
Burgher, John C., M. D., Pittsburgh.
Burroughs, G. W., M. D., 603 N. 17th street, Philadelphia.
Carmany, C. J., M. D., Harrisburg.
Chandler, G. E, M. D.
Charlton, S. F., M. D., Harrisburg.
Childs, Wm. R., M. D., Pittsburgh.
Christ, Wm. F., M. D., Penn P. O.
Clark, A. J., M. D., Scranton.
Clayton, A. H., M. D., Addisville.
Cook, Wm. H., M. D., Carlisle.
Cooper, F. B., M. D., Allegheny City.
Cooper, J. F., M. D., Allegheny City.
Coté, Marcellin, M. D., Pittsburgh.
Cowley, David, M. D., Wilkins' P. O., East Liberty Village.
Cox, G. Howell, M. D., 4629 Germantown Av., Philadelphia.
Dake, B. F., M. D., 310 Penn street, Pittsburgh.
Davis, W. Beesley, M. D., 323 Richmond street, Philadelphia.
Detwiller, Henry, M. D., Easton.

* Deceased.

Detwiller, John J., M. D., Easton.
Doane, W. C., M. D., Williamsport.
Dreher, C. B., M. D., Tamaqua.
Dreibelbis, D. L., M. D., Reading.
Dubs, S. R., M. D., 19 South 39th street, Philadelphia.
Dudley, Pemberton, M. D., 684 N. 12th street, Philadelphia.
Earhart, J. R., M. D., 125 North 17th street, Philadelphia.
Farrington, E. A., M. D., 1616 Mt. Vernon street, Philada.
Faulkner, Robert, M. D., Erie.
Fetterhoff, Hiram R., M. D., Newville, Cumberland Co.
Frazier, J. B., M. D., Conneautville.
Friese, Michael, M. D., Harrisburg.
Frost. J. H. P., M. D., Danville.
Fuller, R., M. D.
Garberich, E. W., M. D., Mechanicsburg.
Gardiner Richard, M. D., 121 Park street, Baltimore, Md.
Garvin, John J., M. D., 1546 North 11th street, Philadelphia.
Gause, Owen B., M. D., 140 North 12th street, Philadelphia.
Geseler, C. W., M. D., Philadelphia.
Gramm, G. E., M. D., 1656 Vienna street, Philadelphia.
Guernsey, Henry N., M. D., 1423 Chestnut street, Philada.
Guernsey, W. F., M. D., 4430 Frankford Av., Philadelphia.
Gumpert, B. Barton, M. D., 840 Franklin street, Philadelphia.
Haeseler, C. H., M. D., 2009 Arch street, Philadelphia.
Hall, Wm. D., M. D., Carlisle.
*Herron, Jas. A., M. D., Pittsburgh.
Hofmann, H. H., M. D., Pittsburgh.
Huebener, O. T., M. D., Litiz, Lancaster Co., Penna.
James, Bushrod W., M. D., 1821 Green street, Philadelphia.
James David, M. D., 1013 Green street, Philadelphia.
James, John E., M. D., S. E. cor. 11th and Wallace sts., Phila.
James, Walter M., M. D., 123 N. 21st street, Philadelphia.
Jeanes, Jacob, M. D., 521 Vine street, Philadelphia.
Johnson, I. D., M. D., Kennett Square.
Jones, Jos. E., M. D., West Chester.
Karsner, Chas., M. D., 4845 Germantown Av., Philadelphia.
Koch, Aug. W., M. D., 118 North 12th street, Philadelphia.
Koch, Richard, M. D., 35 N. 12th street, Philadelphia.

Lee, John K., M. D., 3800 Chestnut street, Philadelphia.
Lee, C. H., Tarentum.
Lippe, Adolph, M. D., 1204 Walnut street, Philadelphia.
Liscomb, P. D., M. D., Beaver Falls
Logee, Horace M, M. D., Linesville.
Macfarlan, Malcolm, M. D., 1721 Chestnut street, Philadelphia.
Malin, Jno., M. D., 4847 Germantown av., Philadelphia.
Malin, Geo. W., M D., 4794 Germantown av., Philadelphia.
Marsden, J. H., M. D., York Sulphur Springs.
Martin, H. N., M. D., 635 Spruce street, Philadelphia.
Mercer, Robt. P., M. D.,Chester.
Middleton, Caleb S., M. D., Philadelphia.
Miller, G. M., M. D., Mahanoy City.
Moore, C. N., M. D.
Moore, Thos., M. D., 110 Tulpehocken street, Germantown.
Morgan, Jno. C., M. D.. 1700 Chestnut street, Philadelphia.
McClatchey, Robt. J., M. D., 918 N. 10th street, Philadelphia.
McClelland, Jas. H., M. D., 316 Penn street, Pittsburgh, Pa.
McIntire, R. L., M. D., Allegheny City.
Neville, W. H. H., M.D., S. E. cor. 19th and Coates sts., Phila.
Ostrander, W. M., M. D., Danville.
Parsons, Anson, M. D., Albion.
Partridge, J. A., M. D., Kalamazo,
Pond, J. N., M. D., Meadville.
Pfouts, J. S., M. D., Wilkesbarre.
Pierce, W. A. D., M. D., Leopard.
Pratt, Trimble, M. D., Media.
Preston, Coates, M. D., Chester.
Preston, Mahlon, M. D., Norristown.
Raue, Chas. G., M. D., 121 N. 10th street, Philadelphia.
Reading, Edward, M. D., Hatboro.
Reading, John R., M. D., Somerton, Philadelphia.
Reich, B. F., M. D, Middletown.
Reinhold, H. E, M. D., Williamsport.
Reno, Griffith, M. D., Titusville.
Reynolds, W. B., M. D., Carlisle.
Rittenhouse, S. R, M. D., Reading.
Roberts, R. Ross, M. D., Harrisburg,

Roth, A. A., M. D., Lancaster.
Rousseau, L. M., M. D., Pittsburg.
Seip, C. P., M. D., Pittsburgh.
Smedley, R. C., M. D., West Chester.
Spencer, J. H., M. D., 1817 N. 11th street, Philadelphia.
Sperling, J. G., M. D., Scranton.
Spooner, E. H., M. D., Reading.
Stevens, Chas. A., M. D., Scranton.
Taudte, F., M. D., Buchanan P. O.
Taylor, W. G., M. D., Marietta.
Thomas, A. R., M D., 937 Spruce street, Philadelphia.
Toothaker, C. E., M. D., N. W. cor. 17th and North sts., Phila.
Urie, Wm. T., M. D., Chestertown, Md.
Von Tagen, Chas. H. M. D., Harrisburg.
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